MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 18606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AT 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 2 mo. 18 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Anne Arrundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

STREET ADDRESS (If rural, give location): 127 Hanover Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) (n) (Last) ADAMS

4. DATE OF DEATH: (Month) August (Day) 12, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Widowed	Jan. 18, 1876	76 yrs.	06	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Enlisted Man	U. S. Navy	Maryland	U.S.

13. FATHER'S NAME: George S. ADAMS

14. MOTHER'S MAIDEN NAME: K. S. ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES	SpAm., WW I	- - - - - - -	Brother: John R. ADAMS,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

157K

Immediate cause — (a) CARDIO-VASCULAR COLLAPSE — Interval Between Onset and Death: 3 hrs.

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ABDOMINAL CARCINOMATOSIS

DUE TO

(c) CARCINOMA OF THE PANCREAS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
16 June 52	CARCINOMA OF THE PANCREAS	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 25, 19 52, to Aug. 12 19 52, that I last saw the deceased alive on Aug. 12, 19 52, and that death occurred at 10:08 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
C. T. McChesney, Jr.	C. T. McCHESNEY, Jr., LT(jg), MC, USNR U.S. NAVAL HOSPITAL, BETHESDA, MD.	Aug. 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 15, 1952	Brewer Hill Cemetery	Annapolis, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 12, 1952	Elect. Wellington	Reese Funeral Home,	Annapolis, Maryland

RECEIVED
AUG 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08607

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 29

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
LENGTH OF STAY (In this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edwards Ferry

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
STREET ADDRESS (If rural, give location) Edwards Ferry

3. NAME OF DECEASED (Type or Print): (First) Marvian (Middle) Edward (Last) Arthur
4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-24-1916
9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Heber Arthur
14. MOTHER'S MAIDEN NAME: Eva Reynolds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-05-3179
17. INFORMANT AND ADDRESS: Mrs Marvian Arthur, Poolesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thoracic hemorrhage due to — INTERVAL BETWEEN ONSET AND DEATH: 15 min

822.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway
(CITY OR TOWN) Poolesville (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 13-52 - 4.10 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Tractor overturned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broccard (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 8-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 16-52
NAME OF CEMETERY OR CREMATORY: Arlington North
LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG.: Aug. 14, 1952
REGISTRAR'S SIGNATURE: Charles J. Elgin
24. FUNERAL DIRECTOR: William B. Hilton ADDRESS: Barnesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08608

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 22½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10229 Douglas Avenue

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Francis (Last) Bayha

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 27, 1893

9. AGE Last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Watchman laborer + Drug Store

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Bayha

14. MOTHER'S MAIDEN NAME: Beatrice A. Stuver

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 175-10-8685

17. INFORMANT & ADDRESS: John M. Bayha - 10229 Douglas Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
429.1 Immediate cause	(a) Myocardial failure	24 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocardial Infarction	48 hrs
	DUE TO (c) Coronary arteriosclerosis	Indef
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/27/52, to 8/29/52, that I last saw the deceased alive on 8/28/52, and that death occurred at 10:05 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen N. Jones M.D. ADDRESS Rockville DATE SIGNED 8/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/2/52 | NAME OF CEMETERY OR CREMATORY Greenmount Cem | LOCATION (City, town, or county) York, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR 8/29/52 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR WW Chamberlain Co ADDRESS 5801 Cleveland Ave. Riverdale Md.

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SEP 2 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08609

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CABIN JOHN; LENGTH OF STAY (in this place) 7 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY MONTGOMERY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CABIN JOHN; STREET ADDRESS (If rural, give location) 6401 - 79th Street

3. NAME OF DECEASED (Type or Print): (First) RANDOLPH (Middle) O. (Last) BEANE

4. DATE OF DEATH: (Month) AUG. (Day) 29, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: June 22, 1883

9. AGE last birthday: 69 yrs. If under 1 year: Months 2, Days 7. If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Nat. Cash Register Co.

10b. KIND OF BUSINESS OR INDUSTRY: Sales Mgr.

11. BIRTHPLACE (State or foreign country): King George County, VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Opie Beane

14. MOTHER'S MAIDEN NAME: Linda E. Beane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mr. William G. Smith - Friend - Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial failure	7 days
420.1	(c) Arteriosclerotic Myocarditis & occlusion	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 28, 1952 to Aug 29, 1952 that I last saw the deceased alive on Aug 29, 1952 and that death occurred at 8 am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Gannon Jr MD ADDRESS 3141-34th St NW. D.C. DATE SIGNED Aug 29 '52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Sept. 2, 1952; NAME OF CEMETERY OR CREMATORY Columbia Gardens Cem.; LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 8/29/52; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Martin W. Hysong Co. ADDRESS 1300-N St. N.W. Wash. D.C.

RECEIVED
SEP 2, 1952
BUREAU OF ST

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08610

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Michigan — COUNTY Wayne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Detroit
STREET ADDRESS (If rural, give location) 10490 Lake Point ✓

3. NAME OF DECEASED (Type or Print): (First) Judith (Middle) Ann (Last) BERG
4. DATE OF DEATH: (Month) August (Day) 31, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 30, 1931
9. AGE last birthday: 20 yrs.
If under 1 year: Months 09 Days 01
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Woman
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Russell McLOGAN
14. MOTHER'S MAIDEN NAME: Ruth NAVARRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO. - - - - - - - - -
17. INFORMANT AND ADDRESS: Husband: Robert K. BERG,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary edema	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Guillian-Barré Syndrome	3 wks.
	(c)	

2/64K

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 13, 1952, to Aug. 31, 1952, that I last saw the deceased alive on Aug. 31, 1952, and that death occurred at 9:35 A m., from the causes and on the date stated above.

SIGNATURE W. L. Hall (Degree or title) ADDRESS DATE SIGNED
W. L. HALL, LTJG, MC, USNR U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND Sept. 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: Sept. 1, 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Detroit, Michigan

DATE REC'D BY LOCAL REG.: Sept. 1, 1952
REGISTRAR'S SIGNATURE: Ethel Whittington
24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey, 7557 Wisconsin Ave., Bethesda, Maryland

RECEIVED
SEP 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible], Rural — LENGTH OF STAY (in this place) [illegible] days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 4717 [illegible] Street, [illegible]

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) Maurice	(Last) BLACKWELL	4. DATE OF DEATH	(Month) Aug. (Day) [illegible] (Year) 19
5. SEX [illegible]	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Sept. [illegible]	9. AGE last birthday [illegible] yrs.	If under 1 year Months [illegible] Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Officer	10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Not known	14. MOTHER'S MAIDEN NAME Not known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]	16. SOCIAL SECURITY NO. - - - - - -	17. INFORMANT AND ADDRESS Name: Mildred M. [illegible], A Street, SE, Washington, D. C.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia, org. undet.	2 days
204.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Leukemia, Myelogenous, aleukemic	6 mos +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — 10 + yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug. 12, 19[illegible], to Aug. [illegible], 19[illegible], that I last saw the deceased alive on Aug. [illegible], 19[illegible], and that death occurred at 2:50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. W. Eyer			
S. W. EYER, CDR, MC, USN	U.S. NAVAL HOSPITAL, BETHESDA, MD.	Aug. [illegible]	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF Aug. [illegible]	NAME OF CEMETERY OR CREMATORY Arlington Nation	LOCATION (City, town, or county) Arlington, Virginia (State)
DATE REC'D BY LOCAL REG. Aug. [illegible]	REGISTRAR'S SIGNATURE Edith Whittington	24. FUNERAL DIRECTOR [illegible] Funeral Home, Arlington, Va.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

REGE
AUG 27
BUREAU V.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 mo 12 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alta Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1841 Columbia Rd N.W.

3. NAME OF DECEASED (Type or Print) (First) Annabel (Middle) Bailey (Last) Brooke
4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1952
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 17th 1865
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John M Bailey
14. MOTHER'S MAIDEN NAME Mackey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS R. N. Brooke 1841 Columbia Rd NW Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — 2 years

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1952, to Aug 1, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 2:42 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 1150 Conn. Ave. N.W. Washington D.C. DATE SIGNED Aug 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Removed
DATE THEREOF 8-2-52
NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery
LOCATION (City, town, or county) Cambridge, Md. (State)
DATE REC'D BY LOCAL REG. 8/4/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
AUG 6 1
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0-613

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: Suburban Hospital
COUNTY Bethesda, Montgt MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place) 11 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montgo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clarksburg
STREET ADDRESS (If rural give location) Box 52

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) E. (Last) Carter

4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 19 52

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-24-67

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Joseph Carter

14. MOTHER'S MAIDEN NAME: Adelaide Scott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no-

17. INFORMANT & ADDRESS: Stella Davidson-Box 52, Clarksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5787 Immediate cause (a) Gastro-intestinal Hemorrhage → shock — Interval Between Onset And Death: 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen'l arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 19 52, to 8/11, 19 52, that I last saw the deceased alive on 8/11, 19 52, and that death occurred at 11:30 a.m. from the causes and on the date stated above.

SIGNATURE Joseph N. Jones M.D. (Degree or title) ADDRESS Rockville Md DATE SIGNED 8/12/52

23. BURIAL / CREMATION / REMOVAL (Specify) DATE THEREOF 8/14/1952 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 8/13/52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Walsh Funeral Home ADDRESS 741-11th St. N.W.

#565

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 19
BUREAU V. S.

Item 21 Film G146 9-3-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4808 Battery Lane

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) F. (Last) CAYWOOD
4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Aug 4, 1874???
9. AGE last birthday: 78 yrs. — If under 1 year: Months 0 Days 14 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Redhill, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Reuben Harlow
14. MOTHER'S MAIDEN NAME: Elizabeth Gillespie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Virginia Phillips — 315 Maple Ave. Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio-sclerosis	Indefinite
450.0 II	(c) Fractured Hip	1 month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 1 month ago
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 19 52, to 8/18, 19 52, that I last saw the deceased alive on 8/16/52, 19 , and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE: Stephen R. Jones (Degree or title) MD — ADDRESS: Rockville, Maryland — DATE SIGNED: 8/18/1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/18/52 — NAME OF CEMETERY OR CREMATORY: Rockville Union — LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REG. 8/20/52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

RECEIVED
MAR 25 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Not tr.

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring RFD #2
LENGTH OF STAY (in this place) 7 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jollittes Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington COUNTY Dist. of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 12, D. C.
STREET ADDRESS (If rural give location) 7700 Blair Rd

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) RAY (Last) Cochran

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: JAN. 20 1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Construction Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William W. Cochran
14. MOTHER'S MAIDEN NAME: Maude Brenner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Bessie W. Cochran 7700 Blair Road Takoma Park 12, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death 8 mo.

Immediate cause (a) Glioma of brain. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1952, to Aug. 8, 1952, that I last saw the deceased alive on Aug. 7, 1952 and that death occurred at 9:20 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS 1609 Seminary Rd. Silver Spring Md. DATE SIGNED Aug 8, 1952

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 8-11-52
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) (State) Philadelphia, Penna.
DATE REC'D BY LOCAL REGISTRAR Aug 8, 1952
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. Arthur Walters
ADDRESS 254 CARROLL St. N.W. TAKOMA PARK, 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU
AUG 11 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 516

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3811 Newark St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Russell (Last) Coe

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Jan. 28, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joel Coe
14. MOTHER'S MAIDEN NAME: Phoebe Pearre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Albert B. Coe. 3811 Newark St. N.W., Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cerebral Vascular Accident
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(904.9) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured left Hip.

19a. DATE OF OPERATION: 7/24/52
19b. MAJOR FINDINGS OF OPERATION Fractured left Hip.
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1952, to 8/1, 1952, that I last saw the deceased alive on 7/30/52 19.., and that death occurred at 10:15 am from the causes and on the date stated above.

SIGNATURE Austin D. Robinson Jr. (Degree or title) M.D.
ADDRESS 104 Chevy Chase Dr.
DATE SIGNED 8/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Aug 2, 1952
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, MD.
DATE REC'D BY LOCAL REGISTRAR 8/4/52
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robt. A. Mattingly
ADDRESS 131 - 11th St S.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) Md 21½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1605 Oak View Dr.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Constance Shirley Courtner

4. DATE OF DEATH (Month) (Day) (Year) August 13 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-25-18
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oka.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Sidney Arthur Goodwin
14. MOTHER'S MAIDEN NAME Edith Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Jack Courtner - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subdural & Arachnoid hemorrhage	
100.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to fracture of skull	24 hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 12-52 7:30 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell down cellar steps

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 8-13-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF Aug 16-1952
NAME OF CEMETERY OR CREMATORY Washington Memorial
LOCATION (City, town, or county) Rk Geyer Co (State) Md

DATE REC'D BY LOCAL REG. Aug 13 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Deal Funeral Home
ADDRESS 4812 [illegible] Wash Dc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG 18 195

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 7 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 32 Lee Avenue

3. NAME OF DECEASED: (Type or Print) (First) Jeanette (Middle) Colquhoun (Last) Croney
4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-22-85
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wilmington, Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Hartzel
14. MOTHER'S MAIDEN NAME: Martha Colquhoun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
204.0
Immediate cause (a) Lymphatic Leukemia, Acute
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1950, to Aug. 1, 1952, that I last saw the deceased alive on 31 Jul., 1952, and that death occurred at 7:03 am from the causes and on the date stated above.
SIGNATURE (Degree or title) Jules Gettes, MD
ADDRESS 3200 Chelsea Rd. Chevy Chase, Md.
DATE SIGNED 8/2/52

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial
DATE THEREOF August 4 1952
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) (State) Lansdowne, Pennsylvania
DATE REC'D BY LOCAL REGISTRAR Aug 1st 1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters
ADDRESS 254 Carroll St. N.W. Takoma Park, 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 519

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. COUNTY: - - - - - -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3614 Park Place, N.W. √

3. NAME OF DECEASED: (First) (none) (Middle) (none) (Last) CUMMINGS

4. DATE OF DEATH: (Month) August (Day) 14, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 14, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months 00, Days 00 — IF UNDER 24 HRS.: Hours 07, Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Willie C. CUMMINGS

14. MOTHER'S MAIDEN NAME: Gwenna Mae ALLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT & ADDRESS: Mother: Gwenna Mae CUMMINGS,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

7764 Immediate cause (a) PREMATURITY & IMMATURITY — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1952, to Aug. 14, 1952, that I last saw the deceased alive on Aug. 14, 1952, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

C. L. WAITE, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND Aug. 15, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Disposal

DATE THEREOF: Aug. 15, 1952

NAME OF CEMETERY OR CREMATORY: USN Medical School

LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG. Aug. 15, 1952

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR NONE ADDRESS

2082222302

AUG 19 19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) (First) Becky (Middle) Sue (Last) Delawder Twin #
4. DATE OF DEATH (Month) August (Day) 26 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 8.22.52
9. AGE last birthday yrs. | If under 1 year Months | Days 4 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? Ch.

13. FATHER'S NAME Roy Allen Delawder
14. MOTHER'S MAIDEN NAME Emma June Fickett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

762.0 Immediate cause (a) Congenital atelectasis, bilateral — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1952, to 8/26, 1952, that I last saw the deceased alive on 8/23, 1952, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE James P. K[illegible] M.D. (Degree or title) ADDRESS Dawson, Md. DATE SIGNED 8/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 27 52 | NAME OF CEMETERY OR CREMATORY SEALS FARM | LOCATION (City, town, or county) Etchison, Md (State)

DATE REC'D BY LOCAL REG. 8-27-52 | REGISTRAR'S SIGNATURE Gertrude R. Lawler | 24. FUNERAL DIRECTOR Roy W. Barber | ADDRESS

22S219222.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 3 19
BUREAU V. S.

Item 18 Film G147 9-25-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIR

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MONTGOMERY CO. GEN'L. HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
STREET ADDRESS (If rural, give location): Rt 2

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) June (Last) Delawder Twin #1

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 8/22/52

9. AGE last birthday: yrs. — If under 1 year: Months — Days: 3 — If under 24 hrs.: Hours: 20 — Min.: 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roy A. Delawder

14. MOTHER'S MAIDEN NAME: Emma June Pickett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

454X Immediate cause (a) Gangrene of rt. leg — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Embolus rt femoral artery — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity — 4 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1952, to 8/26, 1952, that I last saw the deceased alive on 8/26/52, 19..., and that death occurred at 7 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James D. Kerr M.D. — ADDRESS: Damascus, Md. — DATE SIGNED: 8/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 27 '52 — NAME OF CEMETERY OR CREMATORY: SEALS FARM — LOCATION (City, town, or county) (State): Clarksburg Md

DATE REC'D BY LOCAL REG. 8-27-52 — REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: Ray W Barber Jr — ADDRESS: Funeral Director Olney

2782191321

SEP 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 210

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY Gloucester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paulsboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital	STREET ADDRESS (If rural give location) 120 West Jefferson Street

3. NAME OF DECEASED (Type or Print)	(First) Peter	(Middle) Mario	(Last) DI SIMONE	4. DATE OF DEATH	(Month) August (Day) 19 (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 6-5-1929	9. AGE last birthday 23 yrs.	If under 1 year Months 2 Days 14; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Carnival	11. BIRTHPLACE (State or foreign country) Italy	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Patsy DiSimone	14. MOTHER'S MAIDEN NAME Carolina Guerri				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 138-22-2954	17. INFORMANT Mrs. C. DiSimone-Same Item #2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.4

Immediate cause (a) Shock due to traumatic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) laceration of stomach, ileum and mesentary — 18 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture of at & left transverse process of all lumbar vertebrae except left 2nd & 5th

19a. DATE OF OPERATION 8-18-52 — 19b. MAJOR FINDINGS OF OPERATION laceration of stomach, ileum & mesentary with gangrene — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Ag. Center — (CITY OR TOWN) Gaithersburg (COUNTY) Montg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 18-52 5:19 P m. — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? struck by truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-19-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial-transit	DATE THEREOF 8/19/52	NAME OF CEMETERY OR CREMATORY New St. Joseph	LOCATION (City, town, or county) (State) Gloucester New Jersey
DATE REC'D BY LOCAL REG. 8-0-52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR [illegible]	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG 25
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 1 mo. 1 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 624 Montgomery Drive

3. NAME OF DECEASED (Type or Print)	(First) Leon	(Middle) Lewis	(Last) DIXON	4. DATE OF DEATH (Month) August (Day) 19 (Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Apr. 22, 1919	9. AGE last birthday yrs. — If under 1 year: Months 04 Days 01 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Officer	10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James L. DIXON		14. MOTHER'S MAIDEN NAME Hattie SCALES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY No. - - - - - - -	17. INFORMANT AND ADDRESS Wife: Jean I. DIXON, same as item 2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Reticulum cell sarcoma, — 2 mo.

200.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1952, to Aug. 23, 1952, that I last saw the deceased alive on Aug. 2[illegible], 1952, and that death occurred at 12:[illegible] P m., from the causes and on the date stated above.

SIGNATURE W. L. Hall (Degree or title) ADDRESS DATE SIGNED

J. L. HALL, [illegible], MC, USNR U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND Aug. [illegible], 1952

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF Aug. 27, 1952	NAME OF CEMETERY OR CREMATORY [illegible]ington National	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE [illegible] Whillington	24. FUNERAL DIRECTOR Robert A. Humphrey, 7[illegible]7 Wisconsin Ave. Bethesda, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 27
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Virgilia St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5 Virgilia St.

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) F. (Last) DOWDALL

4. DATE OF DEATH (Month) August (Day) 29, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 13 Feb. 1897
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker-Merrill-Lynch Co.
10b. KIND OF BUSINESS OR INDUSTRY Brokerage
11. BIRTHPLACE (State or foreign country) New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Joseph P. Dowdall
14. MOTHER'S MAIDEN NAME Mary Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W 1
16. SOCIAL SECURITY No. 578-05-3946
17. INFORMANT AND ADDRESS Mrs June C. Dowdall- same as item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	7 yrs
	(c) Arteriosclerosis, General	7 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to 8/29, 1952, that I last saw the deceased alive on 8/27, 1952, and that death occurred at 3:35 a.m., from the causes and on the date stated above.

SIGNATURE W. C. Sims (Degree or title) ADDRESS 1150 Connecticut Ave Washington DC DATE SIGNED 8/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 2 1952
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

SEP 3 1952
BUREAU

08625

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6720 - Mac Arthur Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John; STREET ADDRESS (If rural give location) 6720 - Mac Arthur Blvd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Thomas (Last) Eanes

4. DATE OF DEATH: (Month) Aug. (Day) 24, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 13, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months; If under 24 hrs.: Hours; Days; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): David Taylor - Carpenter Model Basin Helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Roanoke Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Eanes

14. MOTHER'S MAIDEN NAME: Sallie Ann Eanes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Carrie Eanes (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro vascular accident. — Interval between onset and death: one hour.

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension arteria

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to August 24, 1952, that I last saw the deceased alive on ....., 19....., and that death occurred at 3.45 P m., from the causes and on the date stated above.

Coroner notified & approved -

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. Chester Norton M.D. 4711 Highland Ave. 8/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug. 27 52 — NAME OF CEMETERY OR CREMATORY: Washington Natl. Cem. — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG. 8/25/52 — REGISTRAR'S SIGNATURE: Jessie M. Grayson

24. FUNERAL DIRECTOR: W.W. Chambers Co. — ADDRESS: 3072 M St. N.W.

RECEIVED
AUG 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH- COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JOHN THOMAS ELGIN

4. DATE OF DEATH (Month) (Day) (Year) 8-29-52

5. SEX M

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Surgery

8. DATE OF BIRTH 9-23-69

9. AGE last birthday 82 yrs. If under 1 year Months 11 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No

10b. KIND OF BUSINESS OR INDUSTRY Cleaning & Dying

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Fenton Elgin

14. MOTHER'S MAIDEN NAME Helen D Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Charles Elgin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

177X Immediate cause (a) Cancer of the Prostate 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Renal Disease 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1951, to 29 Aug, 1952, that I last saw the deceased alive on 29 Aug, 1952, and that death occurred at 1 30 A m., from the causes and on the date stated above.

SIGNATURE Jordan M Smith (Degree or title) M. D ADDRESS Barnesville, Md. DATE SIGNED 30 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8-31-52 NAME OF CEMETERY OR CREMATORY Monocacy Cem. LOCATION (City, town, or county) Beallsville (State) Md

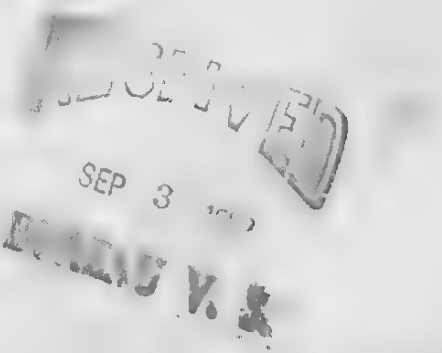
DATE REC'D BY LOCAL REG. Aug 30, 1952 REGISTRAR'S SIGNATURE Charles A. Elgin

24. FUNERAL DIRECTOR W. B. Hitlow ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16


SEP 3

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08627

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,710 Douglas Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10,710 Douglas Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARION CHRISTINE FATZINGER

4. DATE OF DEATH (Month) (Day) (Year) August 18 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug.16,1898
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Newark, New Jersey
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Scheider
14. MOTHER'S MAIDEN NAME Mary Reilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Wm. Heilman, 10,710 Douglas Ave., SS, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
42 /	Immediate cause	(a) Coronary occlusion	sudden
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 8.18.52

23. BURIAL, CREMATION REMOVAL (Specify) Ship & burial
DATE THEREOF Aug.21,1952
NAME OF CEMETERY OR CREMATORY Greenfield Cemetery
LOCATION (City, town, or county) (State) Hempstead, New York

DATE REC'D BY LOCAL REG. 8/20/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Ga. Ave., Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 44 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5600 McLean Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5600 McLean Drive

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) May (Last) Finley.
4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1952

5. SEX: Fe.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov 23 1872
9. AGE last birthday: 79 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Franklin Rockhall Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benedict Bennet Adkinson.
14. MOTHER'S MAIDEN NAME: Susan M. Strong.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sister Mattie S. Armstrong.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia — 3 days
350X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Parkinson's Syndrome — 18 Mo.
(c) Arteriosclerosis - Generalized - 20 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Bilateral Cataracts - causing Mental Depression — 10 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 aug, 1951, to 26 aug, 1952, that I last saw the deceased alive on 25 aug, 1952, and that death occurred at 5:45 Am., from the causes and on the date stated above.

SIGNATURE: John S. Ball (Degree or title) M.D. ADDRESS: 7936 Bangerton Rd. Bethesda Md. DATE SIGNED: 26 aug 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 8-28-52
NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cem.
LOCATION (City, town, or county) (State): Kent Co., Maryland

DATE REC'D BY LOCAL REG.: 8/28/52
REGISTRAR'S SIGNATURE: [illegible]
FUNERAL DIRECTOR: Robert H. Pumphrey
ADDRESS: Bethesda, Md.

AUG 28 19
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norbeck; STATE: MARYLAND; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): Norbeck

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) W (Last) Forbes

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 15 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Ford

14. MOTHER'S MAIDEN NAME: Martha Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Ada E. Bishop. (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiorenal Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 Hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 9, 1951, to Aug. 3, 1952, that I last saw the deceased alive on Aug. 3, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Webster Sewell M.D. ADDRESS: Silver Spring DATE SIGNED: Aug 6 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-7-52

NAME OF CEMETERY OR CREMATORY: Mt Pleasant

LOCATION (City, town, or county) (State): Norbeck, Md.

DATE REC'D BY LOCAL REG. 8-7-52

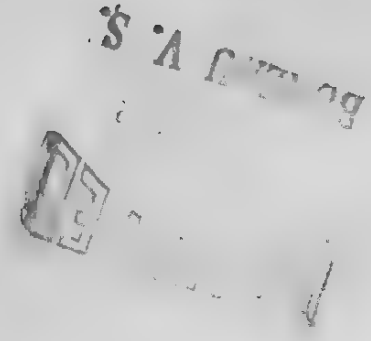
REGISTRAR'S SIGNATURE: Florence B Fawley

24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08630

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg — LENGTH OF STAY (in this place) 30 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 S. Frederick Ave,	STREET ADDRESS (If rural, give location) 212 S. Frederick Ave.

3. NAME OF DECEASED (Type or Print)	(First) Fannie	(Middle) Lois	(Last) Fulks	4. DATE OF DEATH	(Month) 8 (Day) 7 (Year) 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH Apr 16/1876	9. AGE last birthday 76 yrs.	If under 1 year Months 3 Days 21 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible]	11. BIRTHPLACE (State or foreign country) Montg. Co, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jermiah Williams		14. MOTHER'S MAIDEN NAME Cordelia Baker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS [illegible]			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Respiratory failure	2 days
4222 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral embolism	3 days
	(c) Chronic myocarditis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to 8-6, 1952, that I last saw the deceased alive on 8-6-, 1952, and that death occurred at 1:25 A.m., 8-7-52 from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg Md	8-7-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE 8/8/52	NAME OF CEMETERY OR CREMATORY Forest Lab.	LOCATION (City, town, or county) (State) Gaithersburg, Md.
DATE REC'D BY LOCAL REG. Aug 7, 1952	REGISTRAR'S SIGNATURE Alsuda G. Cooke	24. FUNERAL DIRECTOR Ernest C. Gartner.	ADDRESS Gaithersburg

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6 [illegible] N.H.A.T. N.T.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) WATSON (Last) GALLOWAY
4. DATE OF DEATH (Month) AUG. (Day) 20, (Year) 1952 19
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JAN. 23 1864
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William T. Taylor
14. MOTHER'S MAIDEN NAME Ann Andrews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Morton W. Galloway 3503 - 49th Ave. Beaverdam, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Obstruction of Colon.	2 days.
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Colon, Splenic Flex.	3+ mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Artorio Sclerotic Heart Dis. & Hypertrophy — 1+ yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1946 to Aug 20, 1952 that I last saw the deceased alive on Aug 20, 1952 and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. H. Richwine MD. ADDRESS 5522 Western Ave Chevy Ch. Md. DATE SIGNED Aug 21, 52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Aug 23 1952
NAME OF CEMETERY OR CREMATORY Congressional Cemetery
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 8-21-52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901 - 14th St. NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (In this place) DOA	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS (If rural, give location) 2331 Gaylord Drive ✓

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Joseph	(Last) GARMSTON	4. DATE OF DEATH	(Month) August	(Day) 25,	(Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Dec. 23, 1905	9. AGE last birthday 46 yrs.	If under 1 year Months 08	Days 02	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Officer	10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy	11. BIRTHPLACE (State or foreign country) Connecticut	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John F. GARMSTON		14. MOTHER'S MAIDEN NAME Ida Mae FRANK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY No. - - - - - -	17. INFORMANT AND ADDRESS Wife: Eleanore L. GARMSTON, same as item # 2	

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) THROMBOSIS, RIGHT CORONARY ARTERY	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F. J. Broschart F. J. BROSCHART, M. D.		Gaithersburg, Maryland	August 26, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug. 29, 1952	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. Aug. 26, 1952	REGISTRAR'S SIGNATURE Earl Whittington	24. FUNERAL DIRECTOR Robert A. Pumphrey, 7557 Wisconsin Ave., Bethesda, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. Aug 1-52

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg
STREET ADDRESS (If rural, give location): 4206 Edmonston Avenue ✓

3. NAME OF DECEASED: (First) Andrew (Middle) Francis (Last) GASCH
4. DATE OF DEATH: (Month) August (Day) 1, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Married	Nov. 16, 1900	51 yrs.	08	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire Fighter
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Government
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank GASCH
14. MOTHER'S MAIDEN NAME: Laura HEADLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT & ADDRESS: Wife: Grace T. GASCH,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchogenic carcinoma with metastasis	4 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-24-52
19b. MAJOR FINDINGS OF OPERATION: Compression of cauda equina at L-2 by tumor
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to Aug. 1, 1952, that I last saw the deceased alive on Aug. 1, 1952, and that death occurred at 2:40 P.m., from the causes and on the date stated above.

SIGNATURE: E. P. Thelen
(DEGREE OR TITLE) ADDRESS: E. P. THELEN, LCDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND
DATE SIGNED: Aug. 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 4, 1952	Evergreen Cemetery	Bladensburg, Maryland

DATE REC'D BY LOCAL REG.: Aug. 1, 1952
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR ADDRESS: Gasch Funeral Home, 4739 Baltimore Avenue, Hyattsville, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 G 634

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N.W., D.C.
STREET ADDRESS (If rural give location) 6714 PINEY BRANCH ROAD ✓

3. NAME OF DECEASED: (Type or Print) (First) Miss Carlotta (Middle) none (Last) George
4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fe.	WHITE	SINGLE	11-19-83	68 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Librarian
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: WESLEY GEORGE
14. MOTHER'S MAIDEN NAME: BELLE COULTER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: PATIENT'S CHART

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) cerebral anoxia	2 days
170X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO generalized carcinomatosis	1-2 yrs
	(c) DUE TO adeno carcinoma left breast	2 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 1952, to 8/22, 1952, that I last saw the deceased alive on 8/22, 1952, and that death occurred at 12 20 PM from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frederic Brunwald M.D.		Takoma Park	8/22/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8-23-1952	East Hill Fern	Salem, Va

DATE REC'D BY LOCAL REGISTRAR: Aug 22-1952
REGISTRAR'S SIGNATURE: J. Milton Dodd
24. FUNERAL DIRECTOR: Joseph Taylor Sons
ADDRESS: 1756 Pa. ave. N.W. Wash. D.C.

RECEIVED
AUG 25 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 46 min in Hosp.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital	STREET ADDRESS (If rural, give location) Seek Lane, Rt. 1
3. NAME OF DECEASED (Type or Print) (First) Mr. Charles (Middle) Thomas (Last) Giddings	4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 1952
5. SEX Male — 6. COLOR OR RACE Caucasian — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Seperated — 8. DATE OF BIRTH 1896 Sept. 28 — 9. AGE last birthday 55 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter — 10b. KIND OF BUSINESS OR INDUSTRY HOME CONSTRUCTION — 11. BIRTHPLACE (State or foreign country) Clifton Park, Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Benjamin Giddings	14. MOTHER'S MAIDEN NAME Margaret, Ellen Cobourn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) — 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS John Giddings - Brother - 7709 Gartland Ave. Takoma Pk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1/2 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Aug. 28, 1952 — NAME OF CEMETERY OR CREMATORY Colesville Cemetery — LOCATION (City, town, or county) Colesville (State) Md

DATE REC'D BY LOCAL REG. Aug 26 1954 — REGISTRAR'S SIGNATURE J. F. Wilson D.S.M. — 24. FUNERAL DIRECTOR Arthur Mallers — ADDRESS 254 Carroll St. Takoma Park N.Y.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) 2 mth.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY - - - -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3[illegible]6 16th Street, N.W. ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Sandra	Lou	GOLDENRATH	August 27, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	Aug. 27, 1952	00 yrs.	00	5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	- - - - - - -	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter L. GOLDENRATH	Sylvia Rosemond PETERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	- - - -	- - - - - - -	Father: Walter L. GOLDENRATH,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) EXTENSIVE THROMBOSIS, UMBILICAL CORD (CAUSE/S UNKNOWN),	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

77°

same as Item # 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 27, 1952, to Aug. 27, 1952, that I last saw the deceased alive on Aug. 27, 1952, and that death occurred at 5:06 P.m., from the causes and on the date stated above.

SIGNATURE: J. W. Williams (Degree or title) J. W. WILLIAMS, Lt., M.C., USNR ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED Aug. 28, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 29, 1952	Usn Medical School	Bethesda, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 28, 1952	Earl Worthington	None

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BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-54

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY: ----------
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3515 Idaho Avenue, N.W. ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Carroll Stephen GRAVES	August 23, 19 52	Male	White	Married	Sept. 25, 1884	67 yrs.	10 / 28	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Officer	U. S. Navy	Kentucky	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank GRAVES	Maude FERRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES — WW I	- - - - - - - -	Wife: Mary D. GRAVES,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) [redacted] Cerebral Thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension and arteriosclerosis etc.

DUE TO

(c) cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH: 7 days / 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 21, 1952, to Aug. 23 1952, that I last saw the deceased alive on Aug. 23, 1952, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
W. L. Hall	W. L. HALL, LCDR, MC, USNR U. S. NAVAL HOSPITAL, BETHESDA, MD.	August 23, 19

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 26, 1952	Arlington Nat[illegible]	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 23, 1952	Edna [illegible]	Jos. Gawler's Sons Funeral Home, 17[illegible] Pennsylvania Ave., NW, Washington, D.C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4617 Glenbrook Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4617 Glenbrook Parkway

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) E. (Last) Hammond
4. DATE OF DEATH (Month) Aug. (Day) 20, (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-15-09
9. AGE last birthday 42 yrs. If under 1 year Months 11 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Southern R.R.
11. BIRTHPLACE (State or foreign country) Frederick Co,, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Nicholas P. Hammond
14. MOTHER'S MAIDEN NAME Lillian G. Cashour
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 718-10-5214 yes-unknown
17. INFORMANT AND ADDRESS Ruth Kepler - Libertytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Left heart failure	1 hour
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	6 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1951, to Aug 20, 1952, that I last saw the deceased alive on Aug 15, 1952, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul F. Holland M.D. ADDRESS 1801 Eye St NW Washington DC DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 23 Aug 1952
NAME OF CEMETERY OR CREMATORY Fairmount Cemetery
LOCATION (City, town, or county) (State) Libertytown, Maryland
DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS Bethesda, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville, Rural
LENGTH OF STAY (In this place) 7 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Rest Home Colesville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown
STREET ADDRESS Rural. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lewis (Middle) (Last) Hankel
4. DATE OF DEATH (Month) (Day) (Year) 19 2
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Sept 17/1866
9. AGE last birthday 85 yrs. If under 1 year: Months 10 Days 15 If under 24 hrs.: Hours 23 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY Janitor
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS [illegible] Darnestown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular accident	8 hrs.
Antecedent cause(s)	(b) Cerebral - Vascular accident	2 wk
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1952 to Aug 2, 1952 that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 10 20 A.m., from the causes and on the date stated above.

SIGNATURE John A. Rogers MD (Degree or title) ADDRESS 1009 Seminary Rd. Sil Spg Md DATE SIGNED Aug 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/4/52
NAME OF CEMETERY OR CREMATORY Kempton
LOCATION (City, town, or county) Kempton (State) Md

DATE REC'D BY LOCAL REG. Aug 4, 1952
REGISTRAR'S SIGNATURE Alfred G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner, Gaithersburg, Md. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson (rural) LENGTH OF STAY (lo this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural, give location) R.F.D. # 2

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Samuel (Last) Heffer
4. DATE OF DEATH (Month) Aug (Day) 31 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 10-19-63
9. AGE last birthday 89 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer Owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph D. Huffer
14. MOTHER'S MAIDEN NAME Mary Remsberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Harry H. Huffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute myocarditis — 1½ hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Valvulus heart disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Contusions of head + face (superficial)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Dickerson (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) Aug (Day) 31-52 (Year) 11:30 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell down steps

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED 8-31-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 3-52
NAME OF CEMETERY OR CREMATORY Guthrie
LOCATION (City, town, or county) Haddletown (State) md
DATE REC'D BY LOCAL REG. Sept. 2 1952
REGISTRAR'S SIGNATURE Charles G. Elgin
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

SEP. 5 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (In this place): 1 mo. 11 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Texas — COUNTY: Castro

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dimmitt, Rural

STREET ADDRESS (If rural, give location): Box 36

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Virgil	Wells	HERRING	August 1, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	Feb. 19, 1930	22 yrs.	05	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Enlisted Man	U.S. Navy	Texas	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Billie HERRING	Nellie M. WESTBROOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES Korean	- - - - - - - - -	Mother: Nellie M. HERRING,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Adenoma, pituitary gland.	19 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
7-29-52	Tumor in pituitary region hemorrhage into tumor	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1952, to Aug. 1, 1952, that I last saw the deceased alive on Aug. 1, 1952, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE: E. P. Thielen — (DEGREE OR TITLE) E. P. THIELEN, LCDR, MC, USN — ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: August 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-2-52	Dimmitt Cemetery	Dimmitt, Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 1, 1952	Fred Shillington	Robert A. Pumphrey Funeral Home	7301 Wisconsin Avenue, Bethesda, Maryland

VS. AR 8-2

RECEIVED
AUG 4 1952
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Damascus; LENGTH OF STAY (in this place) 16 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Damascus
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Monrovia	STREET ADDRESS (If rural, give location) R.F.D. Monrovia

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Manual	(Last) Hilderbrand	4. DATE OF DEATH	(Month) August (Day) 26 (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 5, 1852	9. AGE last birthday 99 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Washington County, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George H. Hilderbrand	14. MOTHER'S MAIDEN NAME Margaret Malindia Smith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. -- --	17. INFORMANT AND ADDRESS Mrs Dollie D. Hilderbrand, Monrovia Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	15 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	15 yrs
	(c) Coronary sclerosis	13 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy — 1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1935, 19..., to Aug. 26, 1952, that I last saw the deceased alive on Aug 24, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE M. McKendree Boyer (Degree or title) M. D. ADDRESS Druid Theatre Building, Damascus, Md. DATE SIGNED 8/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug. 29, 1952	NAME OF CEMETERY OR CREMATORY St. Paul	LOCATION (City, town, or county) (State) Point of Rocks, Md.
DATE REC'D BY LOCAL REG. August 28 1952	REGISTRAR'S SIGNATURE Della N. Burdette	24. FUNERAL DIRECTOR Clin L. Molesworth, Damascus, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (-543

CERTIFICATE OF DEATH

Reg. Dist. No. 22-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
MARYLAND
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7401 Buffalo Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7401 Buffalo Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILLEY (Middle) JACKSON (Last) HISSEM

4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 12, 1863

9. AGE Last birthday: 89 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Levi Hissem

14. MOTHER'S MAIDEN NAME: Elizabeth Morgan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Levi E. Wilson, 7401 Buffalo Ave. T.P.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4427
Immediate cause (a) DUE TO Pulmonary Edema — 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Cardiovascular Renal Disease 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1952, to Aug 11, 1952 that I last saw the deceased alive on Aug 11, 1952 and that death occurred at 4:45 PM from the causes and on the date stated above.

SIGNATURE H. B. Orleans (Degree or title) MD ADDRESS 9500 Colesville Rd Silver Spring Md DATE SIGNED 8/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 14, 1952

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or County) New York City (State) New York

DATE REC'D BY LOCAL REGISTRAR 8/11/52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR J. Arthur Gallery ADDRESS 254 Carroll St. NW Washington, D.C.

AUG 1
BUREAU V. E

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3608 Lawrence Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3608 Lawrence Ave.

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) IRWIN (Last) HODGKINS

4. DATE OF DEATH (Month) August (Day) 13, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 8-14-'04
9. AGE last birthday 47 yrs. If under 1 year Months 11 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Grant Hodgkins
14. MOTHER'S MAIDEN NAME Lena Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 313 W. Bradley Lane Dr. Bradley Hodgkins-Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 8-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF Aug. 15, 1952
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. 8/14/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15A

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AUG 18 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY - - - - - -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 615 71st Place

3. NAME OF DECEASED: (Type or Print) (First) Karl (Middle) Frederick (Last) HOFMANN

4. DATE OF DEATH: (Month) (Day) (Year) August 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married Widowed
8. DATE OF BIRTH: Jan. 16, 1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months 06 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not known
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? US(N)

13. FATHER'S NAME: Louis HOFMANN
14. MOTHER'S MAIDEN NAME: Barbara (Surname unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO.: - - - - - - - -
17. INFORMANT & ADDRESS: Son: William HOFMANN, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of pharynx with — INTERVAL BETWEEN ONSET AND DEATH 8 weeks
148X
Antecedent cause(s) DUE TO
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Metastasis to the left neck — 6 weeks
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1952, to Aug. 15, 1952, that I last saw the deceased alive on Aug. 15, 1952, and that death occurred at 7:05 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
B. T. BEERLY, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. August 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug 18, 1952
NAME OF CEMETERY OR CREMATORY Washington National Cem.
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. Aug. 16, 1952
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS W. W. Chambers, 517 11th Street, S.E., Washington, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (In this place) 30 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.
STREET ADDRESS (If rural, give location) 11412 Colesville Road

3. NAME OF DECEASED (Type or Print) (First) Eugene (Middle) (Last) Hopkins

4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1/17/69
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired Dairy Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Hopkins
14. MOTHER'S MAIDEN NAME Mary V. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr. Walter P. Baliles, 11,414 Colesville Rd Silver Spring, Maryl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock due to fracture of Rt.	
42.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) pelvis and extra peritoneal hemorrhage	2 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) Silver Spring (COUNTY) Montg (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 26-52 8A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from 2nd story window of his home

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/29/52
NAME OF CEMETERY OR CREMATORY St. John's Catholic Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REG. Aug 28-1952
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Clement Funpl. ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

SEP 2
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4411 Highland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Aloysius (Last) Horan
4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 4, 1907
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months 3 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): attorney
10b. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Floris Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Horan
14. MOTHER'S MAIDEN NAME: Catherine Dawson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Catherine Ellen Horan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis, generalized
162X
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Metastases
DUE TO (c) Bronchogenic Carcinoma, left lung

Interval Between Onset And Death: 4 1/3 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 5-4-49
19b. MAJOR FINDINGS OF OPERATION Bronchogenic Carcinoma
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1946, to 8-17, 1952, that I last saw the deceased alive on 8-17, 1952, and that death occurred at 5:15 P.M. from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) Md. ADDRESS 3130 [illegible] DATE SIGNED 8/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/20/1952
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) Rockville (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 8-20-52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
25 1952
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A154

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Potomac
LENGTH OF STAY (in this place): 3 Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. # 3 Bethesda

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Potomac
STREET ADDRESS (If rural, give location): R.F.D. # 3 Bethesda

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) H. (Last) HOWLAND

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 18, 1864

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret- Farmer Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Harrison Howland

14. MOTHER'S MAIDEN NAME: Catherine Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Jane Howland- Same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute myocardial failure — Interval between onset and death: 2 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Senility, General arteriosclerosis

(c) Cerebral arteriosclerosis, Ch. Coronary disease. — Chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1952, to Aug 6, 1952, that I last saw the deceased alive on Aug 5, 1952, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

E. L. Nicholas M.D. | 2200-19th St. N.W. Wash. D.C. | 8/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial-Transit | DATE THEREOF: 8-6-52 | NAME OF CEMETERY OR CREMATORY: Gloversville | LOCATION (City, town, or county) (State): Gloversville, New York

DATE REC'D BY LOCAL REG.: 8-7-52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Robert M. Pumphrey | ADDRESS: Bethesda, Md.

RECEIVED
AUG 11 1952
BUREAU N. B.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08649

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Maryland Montg. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 7807 Custer Road

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Nola (Last) HUTCHINS

4. DATE OF DEATH: (Month) August (Day) 22, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 1, 1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 3 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Caldwell, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Homer, Cain

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Campbell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Edwin C. Foringer- Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Hypostatic Pneumonia — 4 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Thrombosis — 4 Days.

DUE TO

(c) Arteriosclerosis, generalized — 10 years.

332X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ...., 1948, to Aug. 22, 1952, that I last saw the deceased alive on Aug. 21, 1952, and that death occurred at 2:55 AM, from the causes and on the date stated above.

SIGNATURE Robert G. Angle (Degree or title) M. D. ADDRESS 5029 Battery Ln Bethesda Md DATE SIGNED Aug 22, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit DATE THEREOF 8/22/52 NAME OF CEMETERY OR CREMATORY Calumet Park LOCATION (City, town or county) Lake County (State) Indiana

DATE REC'D BY LOCAL REGISTRAR 8/23/52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

VS. A15

RECEIVED
AUG 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 228

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md
STREET ADDRESS (If rural, give location) 8509 - Old Bladensburg Rd

3. NAME OF DECEASED (Type or Print) (First) SCHACHNE (Middle) ISAACS (Last)

4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1952

5. SEX M.

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 12-8-88

9. AGE last birthday 63 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ABRAHAM ISAACS

14. MOTHER'S MAIDEN NAME RACHEL FRIEDMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Not known

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None known

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1952, to Aug 12, 1952, that I last saw the deceased alive on Aug 11, 1952, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

913 Irving St. N.W. Aug 12 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Buried

DATE THEREOF Aug 14 1952

NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem.

LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. Aug 12 1952

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS 3501-14th St. N.W. Wash. D.C.

Permission granted from
U.S. Dept of Medical Examiner

U.S. BUREAU OF
AUG 13 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS OAK HAVEN NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 5333-5TH. ST. N.W. ✓

3. NAME OF DECEASED (Type or Print) HELEN (First) HELEN (Middle) W. (Last) JACK
4. DATE OF DEATH (Month) AUG (Day) 25 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAR. 20/77
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ENGLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WM. COHEN
14. MOTHER'S MAIDEN NAME MARY —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT AND ADDRESS HUGH P. JACK - 5333-5TH. N.W. WASH. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Weakness, Inanition, general tissue breakdown	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage on R. due to arteriosclerosis	1 "
	(c) and Hypertensive heart disease	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Varicose derrotitis, hypothyroidism

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1942, to Aug. 25, 1952, that I last saw the deceased alive on Aug. 24, 1952, and that death occurred at 12:05 a. m., from the causes and on the date stated above.

SIGNATURE: B. A. Wolohan (Degree or title) MD ADDRESS 500 Underwood St N.W. DATE SIGNED 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/27/52
NAME OF CEMETERY OR CREMATORY ROCK CREEK CEMETERY
LOCATION (City, town, or county) WASH. (State) D.C.

DATE REC'D BY LOCAL REG. Aug. 26 1962
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 28 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CORINE (Middle) (Last) JACKSON

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 19 52

5. SEX: Female — 6. COLOR OR RACE: Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Nov 1 1922 — 9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic duty — 10b. KIND OF BUSINESS OR INDUSTRY: Home work — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Jackson — 14. MOTHER'S MAIDEN NAME: Mary Dymar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Sarah Jackson Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rupture, congenital aneurysm of left middle cerebral artery — One day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6, 1952, to Aug. 7, 1952, that I last saw the deceased alive on Aug. 6, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jack Schumacher M.D. — Gaithersburg, Md. — aug. 7, 52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: Aug 9 52 — NAME OF CEMETERY OR CREMATORY: Brookside Memorial Park — LOCATION (City, town, or county) (State): Rockville Md

DATE REC'D BY LOCAL REG. 8-9-52 — REGISTRAR'S SIGNATURE: Gertrude B Lanier — 24. FUNERAL DIRECTOR: Roy W Barbour — ADDRESS: Poolesville

RECEIVED
AUG 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08653

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2612 Elmont Street

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) (Last) Junge

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug. 22, 1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): engineer
10b. KIND OF BUSINESS OR INDUSTRY: F.H.A.
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Junge
14. MOTHER'S MAIDEN NAME: Amalia Umber

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. May Junge - 2612 Elmont St., Silver Spring.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

581.0 Immediate cause (a) Hepatic Insufficiency — 6 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cirrhosis of Liver — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1952, to Aug. 25, 1952, that I last saw the deceased alive on Aug 24, 1952, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney C. Cousins M.D. 3921 Ingomar St. N.W. Wash. D.C. 8/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial Transit
DATE THEREOF: 8-26-52
NAME OF CEMETERY OR CREMATORY: Greenwood
LOCATION (City, town, or county) (State): Queens Co. New York

DATE REC'D BY LOCAL REGISTRAR: 8/25/52
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Humphrey
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 27 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital, Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 549 11th. Street, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Anne (Last) Kem
4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 9-20-1881
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Adams Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Knouse
14. MOTHER'S MAIDEN NAME: Martha Gardner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X

Immediate cause (a) Hypertensive Arteriosclerotic Cardiovascular Disease ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) + Scleroderma

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1952, to 8/10, 1952, that I last saw the deceased alive on 8/10, 1952, and that death occurred at 2:15 a.m. from the causes and on the date stated above.

SIGNATURE Velda J. Weber (Degree or title) M.D. ADDRESS Wash San & Hosp DATE SIGNED 8/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/12/52
NAME OF CEMETERY OR CREMATORY Fortany Cem.
LOCATION (City, town, or county) Harrisburg. (State) Pa.
DATE REC'D BY LOCAL REGISTRAR 8/11/52
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517-11th St. Wash D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 12 1952
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

55

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 6237 Baltimore Ave

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Frank (Last) Keys
4. DATE OF DEATH (Month) 8 (Day) 27 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 3-9-1931
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer
10b. KIND OF BUSINESS OR INDUSTRY Capital Contractors
11. BIRTHPLACE (State or foreign country) Brentwood Md
12. CITIZEN OF WHAT COUNTRY? N.S.A
13. FATHER'S NAME Richard Henry Keys
14. MOTHER'S MAIDEN NAME Edith Pearl Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean War
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Washington Sanitarium & Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock - Thoracic hemorrhages

16.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral laceration

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 3/4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of pelvis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway (CITY OR TOWN) Beltsville (COUNTY) P.Y. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 18-52 11 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) Frank J. Brosnhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-27-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-29-52 NAME OF CEMETERY OR CREMATORY Arlington Natl. LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. Aug 27-52 REGISTRAR'S SIGNATURE J. Thomas Dodd
24. FUNERAL DIRECTOR W W Chambers Co. ADDRESS 5801 Cleveland Ave. Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG 29 19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolsville
LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolsville
STREET ADDRESS (If rural, give location) R 70

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Frazier (Last) Kidd
4. DATE OF DEATH (Month) (Day) (Year) 8-27-52 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-21-1887
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Bland Co, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wesley Kidd
14. MOTHER'S MAIDEN NAME Mary Ann Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 578-24-5374
17. INFORMANT AND ADDRESS Mary Effie Kidd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	One minute
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Renal Disease	5 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1950, to 27 Aug 1952 that I last saw the deceased alive on 27 Aug, 1952, and that death occurred at 7.45 p m., from the causes and on the date stated above.

SIGNATURE Gordon M Smith (Degree or title) M.D. ADDRESS Barnesville, Md DATE SIGNED 28 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 30-52
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) (State) Beallsville, Md.

DATE REC'D BY LOCAL REG. Aug. 29 1952
REGISTRAR'S SIGNATURE Charles A. Bryant
24. FUNERAL DIRECTOR Wellman B. Hilton ADDRESS Barnesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Woodfield — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Woodfield
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) REGINALD (Middle) W (Last) KING

4. DATE OF DEATH: (Month) AUG (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 13-1878

9. AGE: Last birthday 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Institute of Health Bethesda Md

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E King

14. MOTHER'S MAIDEN NAME: Mattie E Smithson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Francis E King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) myocardial infarction — (c) Arteriosclerosis — 10 yrs

260X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1952, to August 10, 1952; that I last saw the deceased alive on July 7, 1952, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jack Hutchinson M.D. — ADDRESS: Rockville Md — DATE SIGNED: Aug 12 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 12 1952 — NAME OF CEMETERY OR CREMATORY: Rentztown Md — LOCATION (City, town, or county) (State): Frederick County Md

DATE REC'D BY LOCAL REG: Aug 12 1952 — REGISTRAR'S SIGNATURE: Della N. Burdette

24. FUNERAL DIRECTOR — ADDRESS: Roy W. Barber Laytonsville Md

AUG 14 19[illegible]
[illegible] U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY: Montgomery
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1509 Oak View Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1509 Oak View Drive

3. NAME OF DECEASED (Type or Print): (First) Deborah (Middle) Marie (Last) Kinsey

4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 30, 1952

9. AGE last birthday: yrs. 12 | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James J. Kinsey

14. MOTHER'S MAIDEN NAME: Miriam Iseli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. James J. Kinsey 1509 Oak View Drive, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to Vomitus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* , *Inquiry* thereon and *from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* , *accident* X, *suicide* , *homicide* , *undetermined* .

SIGNATURE: Frank J. Brockard M.D. (Degree or title) ADDRESS: Gaithersburg md DATE SIGNED: 8-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/13/52
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. 8/13/52
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: Turner & Dempsey
ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1-A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 / 6 ... 59

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL) OR TOWN: Bethesda
LENGTH OF STAY (in this place): MARYLAND 12 days 8½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Kensington
STREET ADDRESS (If rural give location): 10608 St. Paul Street

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) B (Last) Klein

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 14 1892

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Theatre Owner

10b. KIND OF BUSINESS OR INDUSTRY: Theatre Proprietor

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? Montgomery

13. FATHER'S NAME: Herman Walter Klein

14. MOTHER'S MAIDEN NAME: Anna Marguerite (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Dorothy V. Klein (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: ...

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) cerebral metastasis — ...
DUE TO (c) Bronchogenic Carcinoma — 7 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Cardiovascular disease

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Aug 4, 1952, that I last saw the deceased alive on Aug 4, 1952, and that death occurred at 11:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): D. L. Marks M.D. ADDRESS: 6306 Wisconsin Ave Chevy Chase DATE SIGNED: 8/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Aug. 7, 1952 NAME OF CEMETERY OR CREMATORY: Congressional LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 8/7/52 REGISTRAR'S SIGNATURE: ... FUNERAL DIRECTOR: Robert H. Humphrey ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
AUG 11 1952
BUREAU V. I.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 7 East Irving Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Virginia Helena Krager
4. DATE OF DEATH (Month) (Day) (Year): Aug 19 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 14, 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George W. Krager
14. MOTHER'S MAIDEN NAME: Catherine Haggerty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Catherine B. Vandosen (Same as above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intra-cerebral hemorrhage — 4 days

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular-renal disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1952, to Aug 19, 1952, that I last saw the deceased alive on Aug 19, 1952, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney C Cousins M.D. - 3921 - Ingomar St N.W. Wash DC 8/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-21-52 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 8 [illegible] — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Francis [illegible] Collins — ADDRESS: [illegible]

N.W.

AUG 25 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1604 Noyes Drive,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 736 Easley Street

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) B. (Last) LINCOLN
4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 4/8/92
9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Toledo, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Myron D. Baker
14. MOTHER'S MAIDEN NAME: Caroline Maples Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Sidney W. Rumsey, 1604 Noyes Drive Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Liver (Secondary) — 6-9 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12/52, 19....., to 8/12/52, 19....., that I last saw the deceased alive on 8/12/52, 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

Dr. Andrew Keen M.D. Kewirston Md 8/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial | DATE THEREOF 8/16/52 | NAME OF CEMETERY OR CREMATORY Hillside Cemetery | LOCATION (City, town, or county) (State) Dundee, New York

DATE REC'D BY LOCAL REG. 8/16/52 | REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR ADDRESS Warren E. Tumbrun 8434 Georgia Ave., Silver Spring, Maryland

AUG 19 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Kensington
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fricke Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9703 - Dallas Ave.

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) F. (Last) Lines

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 30, 1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Geologist xxxxxxxxxxxx retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Milford, Conn.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Dwight Lines

14. MOTHER'S MAIDEN NAME: Emily Fuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Edna P. Lines, 9703 Dallas Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Cachexia & Senilia	Gradual 5 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertension	? years
	DUE TO (c)	Arteriosclerosis	? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2/1945, to Aug 7, 1952 that I last saw the deceased alive on 8/6/, 1952, and that death occurred at 5:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert T. Hare M.D. — ADDRESS Takoma Park, Md — DATE SIGNED 8/7/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 8/9/52 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory — LOCATION (City, town, or county) Prince Geo. County, Md. (State)

DATE RECD BY LOCAL REGISTRAR 8/9/52 — REGISTRAR'S SIGNATURE Frances Potter — 24. FUNERAL DIRECTOR Warner & Tumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2[illegible]

1. PLACE OF DEATH:

County Montgomery Co

City or town Bethesda Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days.

Hospital, institution, or street address where death occurred:
[illegible] Hosp

How long in hospital or institution? 3 day.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ..... County .....

City or town Washington D C
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4118 Military Rd
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Frank A Singel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	married

6.(b) Name of husband or wife Verna D Singel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 11. 1877

8. AGE: Years	Months	Days	If less than one day
74	11		..... hrs. ..... min.

8. Birthplace New York
(Town, county, and state)

10. Usual occupation CPA Retired Gov

11. Industry or business

FATHER
12. Name August Singel
13. Birthplace

MOTHER
14. Maiden name Emma Deppert
15. Birthplace

16. Informant Margaret Singel

Address 3000 - 39th St NW.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-11-52 (month) (day) (year)

Cemetery or ~~crematory~~ [illegible]

Location [illegible]

18. Funeral director Chevy Chase Funeral Home

Address 5101 Wis ave NW DC

19. 8-7-52 (Date rec'd by registrar) 19 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1952 at 6:45 A.M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 1, 1952, to August 7 1952 and that I last saw him alive on August 6, 1952

Immediate cause of death Massive gastro-intestinal Hemorrhage

Due to unknown

Due to [illegible]

Other conditions Large Hiatal Hernia
(Include pregnancy within 3 months of death)

DURATION: 48 hrs

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address 3921 Irvington St Date signed 8-7-52

VS A15 (T) (1) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 11 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suburban Bethesda
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 8600 Bethesda Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laytonsville Md
STREET ADDRESS (If rural - give location) Laythersburg Md

3. NAME OF DECEASED (Type or Print) (First) ALFRED (Middle) E (Last) LOR

4. DATE OF DEATH (Month) Aug (Day) 9 (Year) 1952

5. SEX MALE
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar 28, 1878
9. AGE last birthday 74 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Agent
10b. KIND OF BUSINESS OR INDUSTRY Grind + Homes
11. BIRTHPLACE (State or foreign country) Manchester New Hampshire
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Calith Lor
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Lost
17. INFORMANT Welfare Board Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Antecedent cause(s) (b) Arteriosclerosis — 20 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Aug, 1952, to 9 Aug, 1952, that I last saw the deceased alive on 8 Aug, 1952, and that death occurred at 2:25 PM m., from the causes and on the date stated above.

SIGNATURE C. W. Humphry (Degree or title) MD ADDRESS Rockville Md DATE SIGNED 9 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE Aug 11/52
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Prince George Co (State) Md

DATE REC'D BY LOCAL REG. 8/11/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.
AUG 13 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY; (Middle) ELIZABETH; (Last) Lowe

4. DATE OF DEATH: (Month) 8; (Day) 7; (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/12/70

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hyattsville, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James W. Ervin

14. MOTHER'S MAIDEN NAME: Emma Anne Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. William Edgar Ervin, Ashton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset and Death: 10 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis with Hypertension — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/1/52, to 8/7/52, that I last saw the deceased alive on 8/7/52, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 8/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 8/10/52; NAME OF CEMETERY OR CREMATORY: Woodside Cemetery; LOCATION (City, town, or county) (State): Montgomery County, Maryland

DATE REC'D BY LOCAL REG. 8-10-52; REGISTRAR'S SIGNATURE: Gertrude B. Davis; Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey; ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 1
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]da, Rural
LENGTH OF STAY (in this place): 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY - - - - -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location): 105 65th Street, N.E.

3. NAME OF DECEASED: (First) (none) (Middle) (none) (Last) MARTINEZ

4. DATE OF DEATH: (Month) August (Day) 2, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 2, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months 00 Days 00 IF UNDER 24 HRS.: Hours 02 Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank (n) MARTINEZ

14. MOTHER'S MAIDEN NAME: Orpha Louise TENSETH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Mother: Orpha Louise MARTINEZ,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Prematurity & Immaturity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO:

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1952, to Aug. 2, 1952, that I last saw the deceased alive on Aug. 2, 1952, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) P. T. HOWARD, LT, MC, USN ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND DATE SIGNED: Aug. 3, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 4, 1952

NAME OF CEMETERY OR CREMATORY: USN Medical School

LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: Aug. 3, 1952

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: NONE

20823 1321

RECEIVED
AUG 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 228

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Maryland
STREET ADDRESS (If rural, give location) 804-Rowen Road, Silver Spring, Md.

3. NAME OF DECEASED (Type or Print): (First) PHILIP (Middle) HARWOOD (Last) MATTINGLY

4. DATE OF DEATH: (Month) AUGUST (Day) 11, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-10-1869

9. AGE last birthday: 83 yrs. — If under 1 year: Months 1, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Health Work

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Public Health Service

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ---------- Mattingly

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS (Wife) Silver Spr. Md. Mrs. Philip Mattingly 804 Rowen Road,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia — 15 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of pelvis from fall — 29 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☒ (Specify) SUICIDE HOMICIDE | PLACE OF INJURY (Home) farm, factory, street, office bldg., etc.) | (CITY OR TOWN) Silver Spring and (COUNTY) Montgom. (STATE) Md.

TIME OF INJURY (Month) July (Day) 12- (Year) 52 (Hour) 10 p.m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? a fall, on stairway

22. I hereby certify that I attended the deceased from Jany, 19 50, to Aug 11, 19 52, that I last saw the deceased alive on Aug 10, 19 52, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm R. Andrews M.D. 960 Colesville Rd Silver Spring Md 8-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 13-1952 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem | LOCATION (City, town, or county) (State) Pr Georges Co. Md.

DATE REC'D BY LOCAL REG. 8/11/52 | REGISTRAR'S SIGNATURE Victor Dodd

24. FUNERAL DIRECTOR Martin W. Lyons Co. ADDRESS 1300 N. Street, N.W. Wash. 5, D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,410 Drum Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2406 Colston Drive

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) John (Last) McAlear

4. DATE OF DEATH (Month) Aug. (Day) 30 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH April 18, 1896
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (State or foreign country) Cornwall, Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 299-05-0761
17. INFORMANT AND ADDRESS Ann H. McAlear, 2406 Colston Dr., Silver Sp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M. D. ADDRESS Gaithersburg Md DATE SIGNED 8-30-52

23. BURIAL, CREMATION REMOVAL (Specify) Shipment & burial
DATE THEREOF Aug. 31, 1952
NAME OF CEMETERY OR CREMATORY Calvary Cemetery
LOCATION (City, town, or county) (State) Toledo, Lucas Co., Ohio

DATE REC'D BY LOCAL REG. Sept. 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner G. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

SFP

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH- COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arli[illegible]
STREET ADDRESS (If rural, give location) [illegible] 11th Street, V

3. NAME OF DECEASED (Type or Print): (First) Martin (Middle) Stuart (Last) McFERREN

4. DATE OF DEATH: (Month) August (Day) 31, (Year) 1952

5. SEX: [illegible]e

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Aug. 29, 1952

9. AGE last birthday: 00 yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): [illegible]land

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible] Samuel McF[illegible]N

14. MOTHER'S MAIDEN NAME: [illegible] Sharpe LA[illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT AND ADDRESS: F[illegible]: Martin S. McF[illegible]N,

18. MEDICAL CERTIFICATION [illegible]

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure

770.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Erysipelas Pneumonia

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 29, 19[illegible], to Aug. 31, 19[illegible], that I last saw the deceased alive on Aug. 31, 19[illegible], and that death occurred at 10:20 A.M., from the causes and on the date stated above.

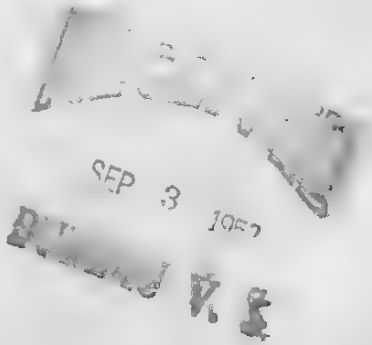
SIGNATURE (Degree or title) [illegible] ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED Sept. 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF Aug. 31, 1952 | NAME OF CEMETERY OR CREMATORY Memorial Cemetery | LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. [illegible] 1952 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robert A. P[illegible]y, ADDRESS [illegible]

208220404


SEP 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) W. (Last) Miles
4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 14, 1865
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Henry Miles
14. MOTHER'S MAIDEN NAME: Margaret — Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Richard Miles - (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senility	2 years
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Genl.	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Aug. 6 1952, that I last saw the deceased alive on July 28, 1952, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher (Degree or title) M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: Aug. 8, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/9/52
NAME OF CEMETERY OR CREMATORY: Emory Grove,
LOCATION (City, town, or county) (State): Emory Grove, Md

DATE REC'D BY LOCAL REG.: Aug. 9, 1952
REGISTRAR'S SIGNATURE: Almeda G. Cooke
24. FUNERAL DIRECTOR: Robert L. Snowden
ADDRESS: Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 21 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 305 Lyndhurst Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Melvin (Last) MORRISSETTE

4. DATE OF DEATH: (Month) August (Day) 20, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 12, 1914

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months 04 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Petty Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Archil MORRISSETTE

14. MOTHER'S MAIDEN NAME: Anna LECUYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: - - - - - - -

17. INFORMANT & ADDRESS: Wife: Elizabeth W. MORRISSETTE,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Carcinoma Stomach, with

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Metastases — 13 mos

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

151

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1952, to Aug. 29 1952, that I last saw the deceased alive on Aug. 29, 1952, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

J. W. KLEIN, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND August 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 25, 1952

NAME OF CEMETERY OR CREMATORY: National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. Aug. 21, 1952

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: Witzke Funeral Home, 4101 Edmondson Ave., Baltimore, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08672

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Takoma Park, Md | LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3722 22nd St. NE. ✓

3. NAME OF DECEASED: (Type or Print) (First) Vincent (Middle) Gaither (Last) Mullican
4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Cauc.		10-18-1887	64 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Landscape Gardener
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Mullican
14. MOTHER'S MAIDEN NAME: Mary Gaither

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Left Lober Pneumonia	4 Days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Vascular Accident -	1 week
	DUE TO (c) Arteriosclerosis - generalized	10 yr.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28, 1952, to 8-8, 1952, that I last saw the deceased alive on 8-8, 1952, and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE J. Lewis (Degree or title) for M.D. ADDRESS Silver Spring Md. DATE SIGNED 8-8-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Aug 11 1952 | NAME OF CEMETERY OR CREMATORY Forest Oak Cem | LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/8/52 | REGISTRAR'S SIGNATURE J. Milton Dodd | 24. FUNERAL DIRECTOR J.W.M. Leetons | ADDRESS 300 F St N.E. Wash. D.C.

RECEIVED
AUG 11 1952
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 273

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10110 Sutherland Road

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Mary (Last) Murphy
4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 21, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Murphy
14. MOTHER'S MAIDEN NAME: Jane Buckley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Lena Sorrell - 10110 Sutherland Rd., S.S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 Immediate cause (a) Acute left ventricular Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1950, to 8/13, 1952, that I last saw the deceased alive on 8/13, 1952, and that death occurred at 4:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Belden R. Reap, M.D. ADDRESS 11502 Grandview Ave. S.S., Md. DATE SIGNED 8/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 16, 1952
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REGISTRAR 8/13/52
REGISTRAR'S SIGNATURE Bessie M.
24. FUNERAL DIRECTOR T. F. Costello ADDRESS 1722 N. Capital St. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Springs, Md R.F.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural, give location) Silver Springs, R.F.D. #2

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Edward (Last) Myers
4. DATE OF DEATH (Month) Aug (Day) 24 (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan 20, 1926
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Howard Co.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME George Myers
14. MOTHER'S MAIDEN NAME Lena Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lena Myers (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-24-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/27/52
NAME OF CEMETERY OR CREMATORY Bush Park,
LOCATION (City, town, or county) (State) Cookesville, Md

DATE REC'D BY LOCAL REG. 8/27/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Silver Spring
LENGTH OF STAY (in this place): 3 yrs 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington, D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 3121 Patterson St. N. W. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): James Ramsay Nevitt

4. DATE OF DEATH (Month) (Day) (Year): August 30 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 25, 1867
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vergenia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Nevitt
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Ramsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Leman Nevitt, 3121 Patterson Street, N. W. Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 Immediate cause (a) Gastric Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1949, to 8/30, 1952, that I last saw the deceased alive on 8/30, 1952, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard B. Thibadeau M.D. — ADDRESS: Cedarcroft Sanitarium — DATE SIGNED: 8/31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Aug-31-52 — NAME OF CEMETERY OR CREMATORY: Lee's Crematorium — LOCATION (City, town, or county) (State): 300-43 St N.E Wash. D.C

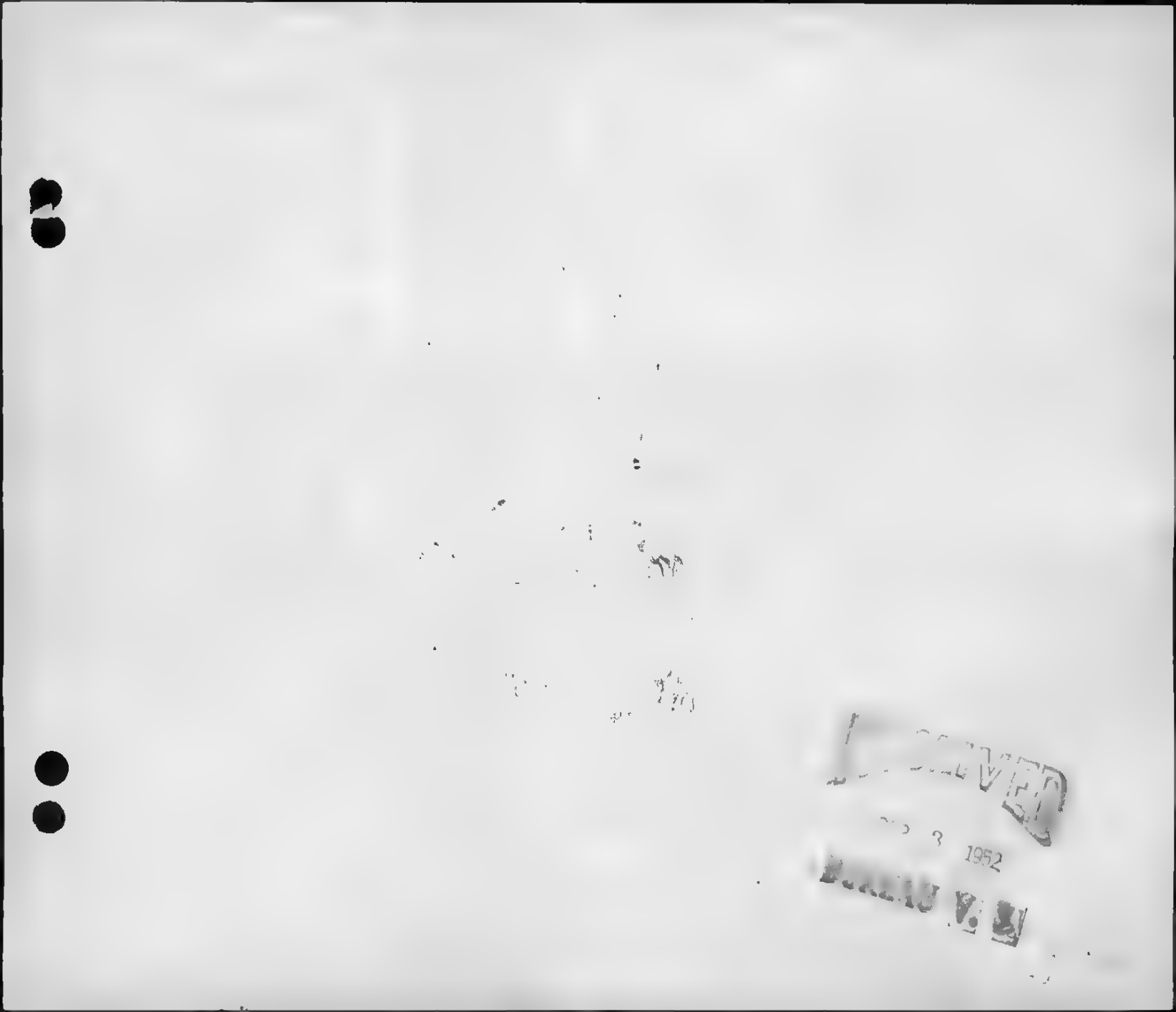
DATE REC'D BY LOCAL REG.: Aug 31/52 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: J. Wm Lee's Sons Co. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 27½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 5902 McKinley St.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) O'Donnell
4. DATE OF DEATH (Month) 08 (Day) 31 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Aug. 30, 1952
9. AGE last birthday: yrs. — If under 1 year: Months / Days 1 — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph S O'Donnell
14. MOTHER'S MAIDEN NAME: Kathryn H. Peterson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: 5902 McKinley St. Joseph S. O'Donnell - Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Birth — 24 hrs

176K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1952, to Aug 31, 1952, that I last saw the deceased alive on Aug 31, 1952, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE: R H Mitchell (Degree or title) MD — ADDRESS: 6900 Wisconsin Ave Chevy Chase Md — DATE SIGNED: 8/31/52

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: Sept 2 1952 — NAME OF CEMETERY OR CREMATORY: Chevy Chase Hillside Prome — LOCATION (City, town, or county) (State): Sunset Lawn MD Co

DATE REC'D BY LOCAL REG.: 9/2/52 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Chevy Chase Funeral Home 5150 [illegible] — ADDRESS: [illegible]

[illegible] Chevy Chase & Sunset Lawn, [illegible] D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

PUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
4623 S. Chelsea Lane
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Bethesda
(If outside city or town limits write RURAL and give nearest town)
Street No. 4623 S. Chelsea Lane
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: ORA L. PATTISON

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Allen L. Pattison
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 12 1873

8. AGE: Years	Months	Days	If less than one day
79			..... hrs. ..... min.

9. Birthplace: Memphis Tenn.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: P. Hoffman
13. Birthplace
MOTHER 14. Maiden name: Unknown
15. Birthplace
16. Informant: Wm. H. Pattison (Son)
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 27/52 (month) (day) (year)
Cemetery or crematory: Fort Lincoln
Location: Washington D. C.
18. Funeral director: Joseph F. Birch Sons
Address: 3034 M. St. N.W. Wash. D.C.
19. 8/ /52 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 23 19 52 at 10:30 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7/18/48 19 to 8/23/52 19
and that I last saw h[illegible] alive on 8/22/52 19

	DURATION
Immediate cause of death: Cardiac Decompensation	3 days
Due to: Chr. Fibro Sclerosis	
Due to:	
Other conditions: Carcinoma of Tongue, Pulmonary Embolism (Include pregnancy within 3 months of death)	4 yrs.

Major findings of operations: Biopsy Carcinoma of Tongue
Date of op. 6/23/46
Autopsy results: Not Done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: James A. O'Keeffe M.D.
M. D. or other
Address: 5815-16-St-NW Wash DC Date signed: 8/29/52

AUG 27

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown, Rural
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) [illegible] ✓

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) PERRY

4. DATE OF DEATH: (Month) (Day) (Year) August 26, 1952

5. SEX: Male

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William S. Perry

14. MOTHER'S MAIDEN NAME: Ethel [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY NO. - - - - - -

17. INFORMANT AND ADDRESS: Name: William S. Perry, [illegible]

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac circulatory failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity. 773.5

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible], 1952

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF [illegible] | NAME OF CEMETERY OR CREMATORY U.S. Naval Medical School | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. [illegible] | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] ADDRESS NONE

2082302240

RECEIV
AUG 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SENECA
LENGTH OF STAY (in this place) 5 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SENECA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) Y. (Last) PIERPOINT

4. DATE OF DEATH (Month) 8 (Day) 19 (Year) 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 1/27/95

9. AGE last birthday 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOHN H. PIERPOINT

14. MOTHER'S MAIDEN NAME BLANCHE YOUNT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS EUGENIA W. PIERPOINT SENECA, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion with Myocardial Infarction — Interval Between Onset and Death: 2½ hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19, 1952 to Aug. 19 1952, that I last saw the deceased alive on Aug. [illegible], 1952, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jack Schumacher M.D. Gaithersburg, Md. Aug. 19, '52

23. BURIAL, CREMATION REMOVAL (Specify) Interment | DATE THEREOF 8-22-52 | NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery | LOCATION (City, town, or county) Wash. (State) D.C.

DATE REC'D BY LOCAL REG. 8-21-52 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. N.W. Wash. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 25
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]80

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Col. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 3923 McKinley St. (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Thompson (Last) Pollard

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 10-30-1876

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 7 Days 23 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Southern Railway

11. BIRTHPLACE (State or foreign country): Alexandria, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis J. Pollard

14. MOTHER'S MAIDEN NAME: Sarah Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Philip Williams - Charlotte, N. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion, Acute — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Sclerosis, severe — 5 years

DUE TO

(c) Arteriosclerotic Hypertensive Heart Disease 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. Hemiplegia

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 1946, to Aug 23, 1952, that I last saw the deceased alive on Aug 23, 1952 and that death occurred at 12:05 p.m. from the causes and on the date stated above.

SIGNATURE Stewart Blake M.D. (Degree or title) ADDRESS 3921 Ingomar St. N.W. Wash. DATE SIGNED 8-23-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/25/52 — NAME OF CEMETERY OR CREMATORY Ivy Hill — LOCATION (City, town, or county) Alexandria (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 8/25/52 — REGISTRAR'S SIGNATURE Jessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey — ADDRESS Bethesda, Md.

VS. A15

RECEIVED
AUG 27 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 418 Taylor Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 456 M St.S.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Winnie (Middle) R. (Last) Pridgen

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept.25,1877
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Conway,S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Martin
14. MOTHER'S MAIDEN NAME: ---

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: C.S.Smart - Son 1004 Barnaby Terrace S.E. Wash.D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

297X Immediate cause (a) Chronic Granulocytic leukemia — Interval Between Onset And Death 2 yrs. 4 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Anemia — " "

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to Aug. 16, 1952, that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 11:15 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS 1757 N St. N.W. DATE SIGNED Aug. 17/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8/19 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland P.G. Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug 19 1952 REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Tho S. H. Hines Co ADDRESS 2901-14th St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]82

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 22 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Halpine Road R.F.D #4

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William Thomas Queen
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 20 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan-4-1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Engineering
11. BIRTHPLACE (State or foreign country): Piscataway, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Queen
14. MOTHER'S MAIDEN NAME: Mary Hardy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: Yes - unknown
17. INFORMANT & ADDRESS: Wife. Mrs Marie L. Queen - Halpine Rd. Rockville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Complete Heart Block	24 hrs.
420.1 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Heart Disease	10 yrs.
	DUE TO (c) Old myocardial infarction	7 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1952, to 8/20, 1952 that I last saw the deceased alive on 8/20, 1952 and that death occurred at 8:50 pm from the causes and on the date stated above.
SIGNATURE (Degree or title) William G. Hall MD
ADDRESS 615 W. Montgomery Ave. Rockville Md
DATE SIGNED 8/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 23 Aug 1952
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince George Co., Md.
DATE REC'D BY LOCAL REGISTRAR 1/23/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Sumpley
ADDRESS Bethesda, Maryland

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2[illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY - - - - - -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1314 South Capitol Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Sears (Last) QUEENAN
4. DATE OF DEATH: (Month) (Day) (Year) August 14, 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 20, 1884
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 08 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert W. SEARS
14. MOTHER'S MAIDEN NAME: Virginia JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO.: - - - - - - -
17. INFORMANT & ADDRESS: Nephew: Richard WASHINGTON,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
222 X Immediate cause	(a)	THROMBOSIS RT. INTERNAL CAROTID ARTERY	2 WKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	~~DUE TO~~ (b)	MASSIVE PULMONARY INFARCTION	3 DAYS
	DUE TO (c)	ARTERIOSCLEROSIS GENERALIZED	UNK.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1952, to Aug. 14, 1952, that I last saw the deceased alive on Aug. 14, 1952, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE J. J. Dempsey (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. J. DEMPSEY, LT. MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND Aug. 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug. 18, 1952
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Aug. 14, 1952
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Ford Modern Funeral Home, 1213 4th Street, S.W., Washington, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 19 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 245 Gallatin St. N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) — (Last) Rosenblatt

4. DATE OF DEATH: (Month) Aug (Day) 23 (Year) 1952

5. SEX: Fe
6. COLOR OR RACE: Hebrew
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Not Known
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Pleasant
14. MOTHER'S MAIDEN NAME: Rebecca (Not Known)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 36 hours

331 X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Essential hypertension — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, nephrosclerosis, coronary heart disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 1952, to 8/23, 1952, that I last saw the deceased alive on 8/23, 1952, and that death occurred at 7:00 AM, from the causes and on the date stated above.
SIGNATURE Maurice Franks (Degree or title) M.D. ADDRESS 8514 Grubb Rd, Chevy Chase Md DATE SIGNED 8/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Aug-24-52 NAME OF CEMETERY OR CREMATORY Beth Sholom LOCATION (City, town, or county) Capitol Hghts Md (State)
DATE REC'D BY LOCAL REGISTRAR Aug 23-1952 REGISTRAR'S SIGNATURE Fletcher Dodd
24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS 4217-9th St. N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring

LENGTH OF STAY (in this place): 18 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring

STREET ADDRESS (If rural give location): 10117 Kinross Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WILLIAM (Last) RUSH

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 9, 1882

9. AGE last birthday: 70 yrs.

IF UNDER 1 YEAR: Months 1 Days 4 — IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Ohio, Perry County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli Rush

14. MOTHER'S MAIDEN NAME: unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Walter P. Rush - Son 10117 Kinross Ave. Sil Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Cancer of rectum

Interval Between Onset And Death: 4 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949

19b. MAJOR FINDINGS OF OPERATION: Cancer of rectum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 49, to Aug 14, 1952, that I last saw the deceased alive on Aug 13, 1952, and that death occurred at 5:05 am, from the causes and on the date stated above.

SIGNATURE: John M. Andrews (Degree or title) M.D. — ADDRESS: 960 Colesville Rd Silver Spring Md — DATE SIGNED: Aug 14, 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/14/52 — NAME OF CEMETERY OR CREMATORY: New Port — LOCATION (City, town, or county) (State): New Straitsville, Ohio

DATE REC'D BY LOCAL REGISTRAR: Aug 15, 1952 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Joseph Gawler's Sons 1756 Penna. Ave. Washington, D. C

RECEIVED
AUG 18 19
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~MONTGOMERY COUNTY GENERAL HOSPITAL~~ OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) R # 1

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Margaret (Last) Sager

4. DATE OF DEATH (Month) August (Day) 2 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 8/21/82

9. AGE last birthday 69 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Carpenter

14. MOTHER'S MAIDEN NAME Jane Towner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mr. Albert P. Sager, Colesville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Dilatation (Cardiac) — Interval Between Onset and Death: 1 hrs

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis Hypertension — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1950, to 8/3, 1952, that I last saw the deceased alive on 5/3, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) MD ADDRESS DATE SIGNED 8/4/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/5/52 — NAME OF CEMETERY OR CREMATORY Colesville Cemetery — LOCATION (City, town, or county) (State) Montgomery County, Maryland

DATE REC'D BY LOCAL REG. Aug 4-52 — REGISTRAR'S SIGNATURE Gertrude B Fowler — 24. FUNERAL DIRECTOR Warner L. Humphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3711 Windom Pl. V

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Schrwmpf
4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb. 2, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Butts
14. MOTHER'S MAIDEN NAME: Anna

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Jeanne Marie Schrumpf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset And Death: 24 hrs.?

443X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Heart Disease — 10 yrs. +

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 23, 1942, to Aug. 20, 1952, that I last saw the deceased alive on Aug. 19, 1952, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS 3130 Wis Ave. DATE SIGNED 8-20-52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8/22/52 NAME OF CEMETERY OR CREMATORY Prospect Hill Cem LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 8-21-52 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S.A. Hessian Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 25 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7411 Holly Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7411 Holly Ave

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W. (Last) SCUDDER
4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept, 22, 1877
9. AGE last birthday: 74 Yrs yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Machine Tools
11. BIRTHPLACE (State or foreign country): Jersey City, N. J.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George W. Scudder Sr.
14. MOTHER'S MAIDEN NAME: Mary Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Georgiana R. Mason, 7411 Holly Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Interval Between Onset and Death: death

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bouchart (Degree or title) M. D.
ADDRESS: Gaithersburg Md
DATE SIGNED: 8-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 6, 1952
NAME OF CEMETERY OR CREMATORY: Holy Cross Catholic Cemetery
LOCATION (City, town, or county) (State): Doylestown, Summit Co, Ohio

DATE REC'D BY LOCAL REG.: Aug 3 1952
REGISTRAR'S SIGNATURE: J. Milton Read
24. FUNERAL DIRECTOR: Decker & Van Dyke
ADDRESS: 254 Carroll St.

RECEIVED
AUG 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Francis (Last) Shoup

4. DATE OF DEATH (Month) Aug (Day) 24 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr 13 1890
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baptist Minister (Active)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Forrest F Shoup
14. MOTHER'S MAIDEN NAME Edith Knox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Word War I 1917-1919
16. SOCIAL SECURITY NO. 101-16-8653
17. INFORMANT AND ADDRESS Mrs Wm Shoup, Barnesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	4 hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Disease	4 months
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1951, to 24 Aug 1952, that I last saw the deceased alive on 24 Aug, 1952, and that death occurred at 5 10p m., from the causes and on the date stated above.

SIGNATURE Gordon W Smith (Degree or title) M.D. ADDRESS Barnesville, Md DATE SIGNED 25 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/28/52
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. Aug 26 1952
REGISTRAR'S SIGNATURE Charles W. Higgins
24. FUNERAL DIRECTOR Wm B. Hilton
ADDRESS Barnesville, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Olney Md
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Hospital Olney Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Olney Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FLORA (Middle) S (Last) SMITH
4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED
8. DATE OF BIRTH Dec 26 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Holland of Hicks King
14. MOTHER'S MAIDEN NAME Cinq L Musgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr Roy Watkins Clarksburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive heart disease	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease with terminal uremia	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ----
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1942, to August 12 1952, that I last saw the deceased alive on Aug. 13, 1952, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE M. McKendree Boyer M.D. (Degree or title) ADDRESS Damascus, Maryland. Druid Theatre Building DATE SIGNED Aug. 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 16 1952
NAME OF CEMETERY OR CREMATORY Clarksburg Md
LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REG. 8-16-52
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY - - - - - - -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1210 Longfellow Street, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Andrew (Last) SMITH
4. DATE OF DEATH: (Month) (Day) (Year) August 12, 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 1, 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months 07 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire-fighter
10b. KIND OF BUSINESS OR INDUSTRY: City
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry SMITH
14. MOTHER'S MAIDEN NAME: Anna STEPLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) SpAmer War
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT & ADDRESS: Wife: Blanche C. SMITH,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a)	Acute Myocardial Infarction	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary Artery disease	34 yrs
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 19 52, to Aug. 12 19 52, that I last saw the deceased alive on Aug. 12, 19 52, and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE J. A. Bailey (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. A. BAILEY, LT, MC, USNR U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND Aug. 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF Aug. 12, 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. Aug. 12, 1952
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Huntemann Funeral Home, 5732 Georgia Avenue, NW, Washington, D. C.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 14 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. AR

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Damascus, Md. | LENGTH OF STAY (in this place) 71 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Same

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Damascus, Md.
STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Charles William Souder

4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 27, 1859 | 9. AGE last birthday 92 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Rockham Co., Va. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Phillip Souder | 14. MOTHER'S MAIDEN NAME Amanda Mongold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. -- | 17. INFORMANT AND ADDRESS Mrs. Minnie Sheckles, Damascus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arterio-sclerosis	20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION -- | 19b. MAJOR FINDINGS OF OPERATION -- | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1952 to Aug. 13, 1952, that I last saw the deceased alive on Aug. 12, 1952, and that death occurred at 9:08A m., from the causes and on the date stated above.

SIGNATURE: W. McClendon Boyer (Degree or title) M.D. | ADDRESS Damascus, Maryland | DATE SIGNED Aug. 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug. 15, 1952 | NAME OF CEMETERY OR CREMATORY Damascus, Md. | LOCATION (City, town, or county) (State) Montgomery Co., Md.

DATE REC'D BY LOCAL REG Aug 18, 1952 | REGISTRAR'S SIGNATURE Vera M. Burdette | 24. FUNERAL DIRECTOR Roy W. Barber, | ADDRESS Laytonsville, Md.

RECEIVED
AUG 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (93

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 6809 Westmoreland Ave

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Spencer
4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: August 20, 1952
9. AGE last birthday: 5 min yrs. IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min 5
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Spencer
14. MOTHER'S MAIDEN NAME: Margaret Emery
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Wm. Spencer - Item 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity 37 weeks gestation — Interval Between Onset And Death 5 min

761.5 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Premature separation of placenta (1/3 maternal surface of placenta sep.) — ?

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NO

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20, 1952, to 8/20, 1952, that I last saw the deceased alive on 3:25 AM 1952 and that death occurred at 3:30 AM, from the causes and on the date stated above.

SIGNATURE Albert J. Bright (Degree or title) M.D. ADDRESS 6900 Wisconsin Ave DATE SIGNED 8/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/22/52
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg Maryland
DATE REC'D BY LOCAL REGISTRAR 8/23/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert B. Pumphrey ADDRESS Bethesda, Md.

2082231373

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3004 Flyers Mill Road

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) Milton (Last) Streamer
4. DATE OF DEATH (Month) Aug. (Day) 10 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH May 9, 1883
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman, retired
10b. KIND OF BUSINESS OR INDUSTRY Navy Yard U. S. Government
11. BIRTHPLACE (State or foreign country) District of Columbia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Louis P. Streamer
14. MOTHER'S MAIDEN NAME Lillian Van Riswick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs. William T. Taylor (Daughter) 3004 Flyers Mill Rd. Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
35'X Immediate cause	(a) Parkinsonism	yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to 8/10, 1952, that I last saw the deceased alive on 8/9, 1952, and that death occurred at 5:35 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring, Md. DATE SIGNED 8/10/1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/13/52
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Prince Geo. County, (State) Md.
DATE REC'D BY LOCAL REG. 8-12-52
REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR Warner C. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

Francis Potter

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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ITEMS 8, 9: film G146 8-26-52 L
14:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery — Rockville MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville (Rural) — LENGTH OF STAY (in this place) 2 months 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 4817-36th St N.W., COUNTY Wash. D.C.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. ✓
STREET ADDRESS (If rural, give location) 4817-36th St. N.W., Wash., D.C.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Hanley (Last) Sullivan

4. DATE OF DEATH (Month) August (Day) 1 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH OCT 23 1877
9. AGE last birthday 810 7 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY At HOME
11. BIRTHPLACE (State or foreign country) IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME T. HANLEY
14. MOTHER'S MAIDEN NAME MARY M. SULLIVAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS MISS ULLAINE SULLIVAN - WASH. D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocardial insufficiency — 3 months

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1952, to Aug. 1, 1952, that I last saw the deceased alive on August 1, 1952, and that death occurred at 6.30 P. m., from the causes and on the date stated above.

SIGNATURE Wheeler O. Huff (Degree or title) M.D. — ADDRESS 4529 Maple Ave, Bethesda, Md. — DATE SIGNED Aug. 1-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8-4-1952 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 8-4-52 — REGISTRAR'S SIGNATURE Helen J. Eckenfelder per L.V.A. — 24. FUNERAL DIRECTOR Joseph Gawler's Sons 1756 Pa. Ave N.W. Wash. D.C. — ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the name of death clearly and legibly.

AUG 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]36

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: VIRGINIA COUNTY: Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 3490 Martha Custis Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Edson (Last) SWAIN

4. DATE OF DEATH: (Month) August (Day) 8, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 23, 1909

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months [illegible] Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas KNODE

14. MOTHER'S MAIDEN NAME: Helen WITTAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT & ADDRESS: Husband: Joseph B. SWAIN,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
580
Immediate cause (a) Hepatitis, acute — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22 1952, to Aug. 8, 1952, that I last saw the deceased alive on Aug. 2, 1952, and that death occurred at 5:40 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS: R. E. Ruff, CDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND DATE SIGNED: August 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: Aug. 11, 1952 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. Aug. 9, 1952 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey, 7557 Wisconsin Ave., Bethesda, Maryland

RECEIVED
AUG 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Monto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lincoln Park, Rockville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Leroy	Edwin	Terry		Aug.	14,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Single	June 29, 1952	yrs.	Birth			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Joppy	Beulah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Beulah Terry (Mother) Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
11. Immediate cause	(a) ACIDOSIS - DEHYDRATION	24 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) BRONCHITIS	3 DAYS
	(c) GASTRO ENTERITIS	5 DAYS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August 13, 1952, to August 14, 1952, that I last saw the deceased alive on August 14, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elton L. Rauenhorst	M.D.	Rockville, Md.	8/16/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 16 1952	Lincoln Park	Rockville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-16-52	Helen Eckenfelder	Robt. L. Snowden	Rockville, Md.

206234-404

Per. L.S.B.

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D. C
STREET ADDRESS (If rural, give location): Hotel 2400 Apt. 709 16th St. N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mrs. Minnie Agnes Theophilus
4. DATE OF DEATH (Month) (Day) (Year): Aug 28 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 10-24-78
9. AGE last birthday: 73 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kingston, Minn
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Isaac Thompson
14. MOTHER'S MAIDEN NAME: Harriet Bray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Gladys M. Stewart, Rt. 1 Upper Marlboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial hypertrophy with heart block — 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis - hypertension — ?

(c) Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Laceration of skull - left occipital region — 1 day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: due to fall on Hosp. bath room floor
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Takoma Park Mont Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 28 52 11 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Bronhart M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 8-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 8-30-52 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: Aug 29-1952 — REGISTRAR'S SIGNATURE: J. Milton Dodd — 24. FUNERAL DIRECTOR: Joseph Gawler Sons — ADDRESS: 1756 Po. Ave N.W. Wash-D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

SEP 2
BUREAU

Item 1FilmG146 8/21/52 whw

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: MONTGOMERY

City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? approx 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: Montgomery

City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4700 BAYARD BLVD
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME EDWARD A. THEURER

3.(b) Social Security Number

4. Sex: M

5. Color or race: WHITE

6.(a) Single, married, widowed, or divorced: WIDOWED

6.(b) Name of husband or wife: ROSE THEURER

DECEASED 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): DEC. 19, 1866

8. AGE: Years 85 | Months 8 | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: WASHINGTON, D.C.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: unknown
13. Birthplace

MOTHER
14. Maiden name:
15. Birthplace

16. Informant: Andrew Theurer

Address: 4700 Bayard Blvd

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 13, 1952 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cemetery

Location: Washington DC

18. Funeral director: H. Don. DeVol

Address: 2224 - Wis. Ave. Wash. DC

19. 8/11/52 19 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 9 1952 at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ....., to ..... 19 .....

and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death: Myocardial Failure

Due to: Arteriosclerotic myocarditis

Due to: Senility

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: J. A. Gannon Jr. M.D. or other

Address: 3141 - 34th St NW Wash. D.C. Date signed: 8/9/52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 11,011 Kemp Mill Road

3. NAME OF DECEASED (Type or Print) (First) Stanley (Middle) Edwin (Last) Thomas

4. DATE OF DEATH (Month) Aug (Day) 19 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11/16/37
9. AGE last birthday 14 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolboy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. Edwin Thomas
14. MOTHER'S MAIDEN NAME Virginia E. Ellett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mr. J. Edwin Thomas 11,011 Kemp Hill Road, Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) electrocution — INTERVAL BETWEEN ONSET AND DEATH: sudden

914.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) near Four Corners (COUNTY) Montg (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 19.52 - 5:55 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Contacted high tension wires

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Broschart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED Aug 19.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/22/52
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) Washington, D. C. (State)

DATE REC'D BY LOCAL REG. Aug 20-1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner & Lumparey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 21
BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Md
LENGTH OF STAY (In this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Hagerstown Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) HART (Last) Thrapp
4. DATE OF DEATH (Month) August (Day) 21 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 29 1952
9. AGE last birthday 77 yrs. If under 1 year Months 11 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) ~~West~~ Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Camillus S. Hart
14. MOTHER'S MAIDEN NAME Johanna Barbara Keebs Hart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Camille Irene Slade

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma, rt. breast — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to Aug., 1952, that I last saw the deceased alive on 8/18, 1952, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE H. D. Bonifant (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 8/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/23/52
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. 8-21-52
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR C. M. S. [illegible] ADDRESS Hagerstown Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 13 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 3817 33rd St.

3. NAME OF DECEASED (Type or Print) (First) Mr. Irving (Middle) Eugene (Last) Tyrrell

4. DATE OF DEATH (Month) 8 (Day) 20 (Year) 1952

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 9-27-84
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Carpenter-Lot
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Eugene Irving Tyrrell
14. MOTHER'S MAIDEN NAME Mary Dickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Records - Washington Sanitarium & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	24 hrs
	(c) Hypertensive Cardiovascular Disease	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 17, 1951, to Aug 20, 1952, that I last saw the deceased alive on Aug 19, 1952, and that death occurred at 12:05A m., from the causes and on the date stated above.

SIGNATURE Paul Eonet (Degree or title) MD ADDRESS 4547 ILLALE WASH D.C. DATE SIGNED 8-20-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/23/52
NAME OF CEMETERY OR CREMATORY Lewis Chapel Cem
LOCATION (City, town, or county) Loftin (State) Va

DATE REC'D BY LOCAL REG. Aug-20-1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517-11th st SE Wash DC

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Ave tak. Pk

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Washington~~ COUNTY D. C. ~~6721 Piney Branch Md~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D. C.
STREET ADDRESS (If rural, give location) 6721 Piney Branch Rd.

3. NAME OF DECEASED (Type or Print) (First) Lylie (Middle) B. (Last) Van Wagner

4. DATE OF DEATH (Month) August (Day) 4 (Year) 52

5. SEX Fe
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid
8. DATE OF BIRTH June 1, 67
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker - retired
10b. KIND OF BUSINESS OR INDUSTRY Own home Ret. widow.
11. BIRTHPLACE (State or foreign country) Bergen County N. J.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Abram B. BANTA
14. MOTHER'S MAIDEN NAME Rebecca Westervelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Welton B VAN Wagner 6721 Piney Br. Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral anoxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	years.
	(c) ~~Fractured hip, right; Arthritis~~	1/Jan/52

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip (old), right; arthritis.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) ✓ (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 31 July, 1952, to 3/Aug, 1952, that I last saw the deceased alive on 31 July, 1952 and that death occurred at 5 15 A. m., from the causes and on the date stated above.

SIGNATURE John H. Bagby (Degree or title) M.D. ADDRESS 1835 Eye N.W., Wash, D.C. DATE SIGNED 8/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 8/5/52
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. 8/4/52
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Warner C. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11316 Old Bladensburg Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 11316 Old Bladensburg Rd

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Walker (Last) Vierbuchen
4. DATE OF DEATH (Month) Aug. (Day) 11 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 5, 1873
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Seaboard RR Pass Agent also Ret. Labor Dept US Govt
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington DC.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Peter Vierbuchen
14. MOTHER'S MAIDEN NAME Wilhelmina (Unknown Last Name)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Geo. R. Vierbuchen 5103-43 Ave Hyattsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 weeks
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis	20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1952, to Aug. 11, 1952 that I last saw the deceased alive on Aug. 11, 1952, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE John J. Curry M.D. (Degree or title) ADDRESS 11301 Georgia Ave Sil. Spr. DATE SIGNED Aug 11, 1952

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify)
DATE THEREOF 8/13/52
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem
LOCATION (City, town, or county) (State) Prince Geo. Co. Maryland

DATE REC'D BY LOCAL REG. Aug 11/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The B.H. Hines Co. ADDRESS 2901 14 St. Wash. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural

LENGTH OF STAY (in this place) 10 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY Arlington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington

STREET ADDRESS (If rural, give location) 726 North Danville Street

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Ann (Last) VOEGELIN

4. DATE OF DEATH: (Month) (Day) (Year) August 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 10, 1948

9. AGE last birthday: 04 yrs. IF UNDER 1 YEAR Months 05 Days 07 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): Rhode Island

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Byron VOEGELIN

14. MOTHER'S MAIDEN NAME: Jeanette MARTENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - - - -

17. INFORMANT & ADDRESS: Father: Byron VOEGELIN,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 17.5X

Immediate cause (a) Uremia

DUE TO

Antecedent cause(s) (b) Hydronephrosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Sarcoma, vagina with metastases 1½ yrs.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1952, to Aug. 17, 1952, that I last saw the deceased alive on Aug. 17, 1952, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE S. J. WINTER, CAPT, MC, USN (DEGREE OR TITLE) ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND DATE SIGNED Aug. 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug. 20, 1952

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Aug. 17, 1952

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR Robert A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland

ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Md. — LENGTH OF STAY (in this place) 2½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Walls

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: June 8, 1889

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles W. Watts

14. MOTHER'S MAIDEN NAME: Susan Hempstone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Husband - Church Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO (c) —

260 X

Interval Between Onset And Death: 12 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Acidosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1952, to Aug 8, 1952, that I last saw the deceased alive on Aug 8, 1952 and that death occurred at 9:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Jesse Sharpe M.D. — ADDRESS Chevy Chase, 6900 Wisconsin Ave Md. — DATE SIGNED Aug 8, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 11-52 — NAME OF CEMETERY OR CREMATORY Church Hill — LOCATION (City, town, or county) Church Hill (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/11/52 — REGISTRAR'S SIGNATURE —

24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill Md.

RECEIVED
AUG 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]da, Rural
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) WALSH
4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. [illegible], 19[illegible]
9. AGE last birthday [illegible] yrs. If under 1 year: Months | Days 05 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY - - - - -
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME [illegible] W. WALSH
14. MOTHER'S MAIDEN NAME [illegible] MARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO. - - - - - - -
17. INFORMANT AND ADDRESS [illegible] W. WALSH, [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sub tentorial tear with hemorrhage.

76[illegible] Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sub dural hemorrhage

(c) Internal hydrocephalic.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1952, to Aug. 1, 19[illegible], that I last saw the deceased alive on Aug. 31, 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND DATE SIGNED Aug. 31, [illegible]

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, [illegible]

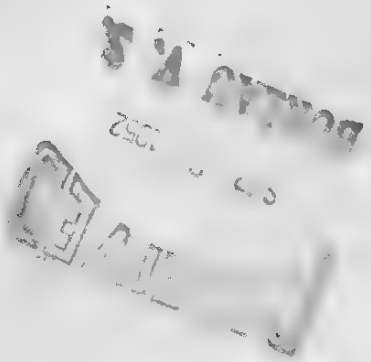
DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible] Whittington
24. FUNERAL DIRECTOR [illegible] A. [illegible], [illegible] ADDRESS [illegible]

2082292343

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 11 hrs. 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: New York — COUNTY: Onondaga
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Syracuse
STREET ADDRESS (If rural give location): Unknown ✓

3. NAME OF DECEASED: (Type or Print) (First) Floyd (Middle) M. (Last) Ward

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 18, 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months 5 Days 14 IF UNDER 24 HRS.: Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram Ward

14. MOTHER'S MAIDEN NAME: Jennie Buran

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unknown (If Yes, give war or dates of service): unknown

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Carl Ward - Liverpool, New York

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: ? 12 hrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952 to Aug 2, 1952 that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 10 45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): George Sharpe M.D. ADDRESS: 6900 Wisconsin Ave DATE SIGNED: Aug 5, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/9/1952 — NAME OF CEMETERY OR CREMATORY: Riverside Cemetery — LOCATION (City, town, or county) (State): Wellsley Island, N.Y.

DATE REC'D BY LOCAL REGISTRAR: 8/8/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Bethesda, Maryland

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

VS. A15 — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Henning (Last) Watkins

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed.

8. DATE OF BIRTH: Dec 15 1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Caleb Watkins.

14. MOTHER'S MAIDEN NAME: Eliza Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT AND ADDRESS: Admission Record. info (By deceased)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 3 wk.

4113 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebrovascular accident — 4 mo

(c) Hypertensive Cardiovascular Disease — yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1952, to 8/20, 1952, that I last saw the deceased alive on 8/19, 1952, and that death occurred at 8:45A m., from the causes and on the date stated above.

SIGNATURE Charles H. Ligon (Degree or title) MD — ADDRESS Sandy Spring, Md — DATE SIGNED 8/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Aug. 22, 1952 — NAME OF CEMETERY OR CREMATORY Montgomery Chapel — LOCATION (City, town, or county) Clarksville, Md. (State)

DATE REC'D BY LOCAL REG. 8-21-52 — REGISTRAR'S SIGNATURE Gertrude B Fawbush

24. FUNERAL DIRECTOR Olin L. Molesworth — ADDRESS Damascus, Md.

RECEIVED
AUG 26 195
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Rte # 1

3. NAME OF DECEASED (Type or Print) (First) Rebecca (Middle) Lucile (Last) WILLIAMS
4. DATE OF DEATH (Month) August (Day) 5 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Apr. 3, 1951
9. AGE last birthday 1 yrs. If under 1 year Months 4 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Travilah, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles E. Williams
14. MOTHER'S MAIDEN NAME Leneta Parks Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Charles E. Williams-Same Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage due to — INTERVAL BETWEEN ONSET AND DEATH ½ hr.

812.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of skull

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway
(CITY OR TOWN) Travilla Rd. (COUNTY) Rockville (STATE) Monty md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Ran over by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg md DATE SIGNED 8.5.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 8, 1952
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Virginia
DATE REC'D BY LOCAL REG. 8/7/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

RECEIVED
AUG 11 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) R.F.D. #4

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (nmi) (Last) WILLIAMS

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4-24-1864
9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 88 yrs. Month 3 Days 18 Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith Self-employ.
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Williams
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Delilah E. Sproles-Same Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.50.0

Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 20 years

DUE TO (c) Prostatic Hypertrophy — 20 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1949, to 12 Aug., 1952, that I last saw the deceased alive on 11 Aug., 1952, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE W S Humphrey MD (Degree or title) ADDRESS Rockville Md DATE SIGNED 12 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit
DATE THEREOF 8-13-1952
NAME OF CEMETERY OR CREMATORY Riverview
LOCATION (City, town, or county) (State) Wise County, Virginia
DATE REC'D BY LOCAL REGISTRAR 8/13/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 West Woodbine St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 6 West Woodbine St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ELSIE BRIGHAM WINGATE

4. DATE OF DEATH: (Month) (Day) (Year) 19 8-17-1952

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 13, 1887

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 8 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): US Gov't

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Serv. Admin.

11. BIRTHPLACE (State or foreign country): Wash. DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Story Butler Ladd

14. MOTHER'S MAIDEN NAME: Elizabeth B. Pine

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Chevy Chase, Md. Wilmer S. Wingate, 6 W. Woodbine St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 12 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease — 1 yr 8 mos

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-16, 1951, to 8-17 death, 1952, that I last saw the deceased alive on 8/17, 1952, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Marcel G. Foretz P

ADDRESS 1801 K St N.W.

DATE SIGNED 8/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 19, 1952

NAME OF CEMETERY OR CREMATORY Glenwood Cemetery

LOCATION (City, town, or county) (State) Wash. DC

DATE REC'D BY LOCAL REGISTRAR Aug 19. 52

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Joseph Bowler Sons

ADDRESS Wash. DC 1756 Penn. Ave NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21
BUREAU V

713

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-R.F.D.# 2Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 110 Clarkson Ave. ✓

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) HENRY (Last) ZEPP Jr.

4. DATE OF DEATH (Month) August (Day) 8, (Year) 1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 29, 1929

9. AGE last birthday 22 yrs. If under 1 year Months 8 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY FairChilds

11. BIRTHPLACE (State or foreign country) Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John H. Zepp Sr.

14. MOTHER'S MAIDEN NAME Hazel Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Yes-Unknown

17. INFORMANT AND ADDRESS J.H.Zepp Sr. Same as item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia by drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Potomac River (CITY OR TOWN) Great Falls (COUNTY) Montg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 8-52 - 10:00 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell in river while fishing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 8-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8-11-52

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. 8/11/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR A K Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. £

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08714

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

HEALTH: WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 37yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8115 Flower Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 8115 Flower Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (Last) ZIRWES

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1952

5. SEX: Mall

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 3, 1873

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Zirwes

14. MOTHER'S MAIDEN NAME: Anna Sailer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Agnes J. Zirwes 8009 Flower Ave. Tak Pk. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Uremia	1 week
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Heart Disease	10 years
DUE TO		
	(c) Arteriosclerosis Generalized	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1948, to Aug. 1, 1952, that I last saw the deceased alive on 30 July, 1952, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] M.D. 7112 Willow Ave Takoma Park Md 1 Aug 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug 4, 1952

NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery

LOCATION (City, town, or county) Washington (State) D.C.

DATE RECD BY LOCAL REG. 8/2/52.

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Washington 12. D.C.

RECEIVED
AUG 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08715

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark
STREET ADDRESS (If rural, give location): 478 North 7th Street

3. NAME OF DECEASED (Type or Print): (First) Nicholas (Middle) Harry (Last) ZOIS

4. DATE OF DEATH: (Month) August (Day) 28, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 13, 1933

9. AGE last birthday: 19 yrs. — If under 1 year: Months 03 — Days 15 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry ZOIS

14. MOTHER'S MAIDEN NAME: Aurica (Surname unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Father: Harry ZOIS,

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
593X Immediate cause	(a) VENTRICULAR FIBRILLATION	10-15 sec.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) RENAL FAILURE -	7 DAYS
	(c) POTASSIUM INTOXICATION	1-2 DAYS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 27, 1952, to Aug. 28, 1952, that I last saw the deceased alive on Aug. 28, 1952, and that death occurred at 1:05 P m., from the causes and on the date stated above.

SIGNATURE P. R. James

(Degree or title) ADDRESS DATE SIGNED

P. R. JAMES, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND Aug. 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removed

DATE THEREOF: Aug. 28, 1952

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Newark, New Jersey

DATE REC'D BY LOCAL REG.: Aug. 28, 1952

REGISTRAR'S SIGNATURE: Elsie Worthington

24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey, 7557 Wisconsin Ave., Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP. 2
BUREAU